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NUMBER 3
MONTREAL
MARCH
1948

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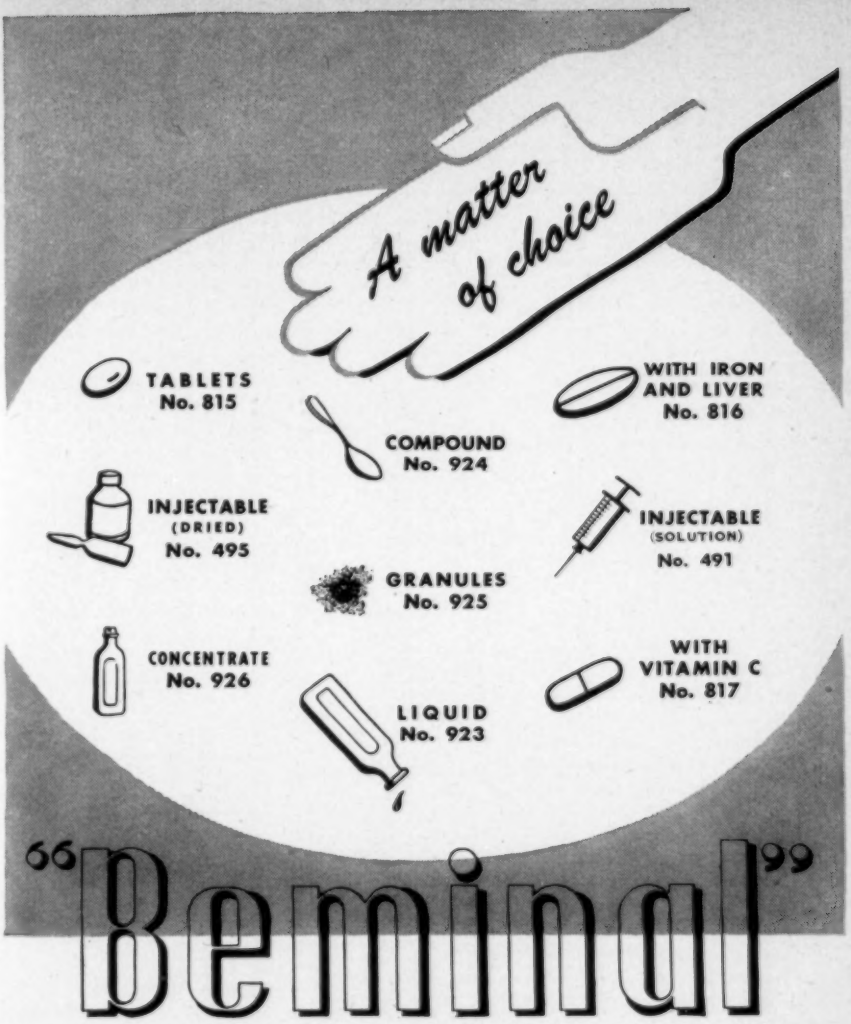


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# Between Ourselves

Organized nursing has been on the defensive for a long time now. We have endeavored to justify our decision to maintain the requirements for admission to our schools of nursing. We have worked long hours to provide adequate nursing care in the face of, often, desperate staff shortages. We have financed programs promoting recruitment, studying working conditions — all of this to meet criticism and, frequently, condemnation from the public whom we serve. All of this has demonstrated that it is not enough to talk about the desirability of experimentation, to adopt platforms and principles. We must offer something tangible. Some suggestions of things we might be able to do are included in our lead article this month.

The immediate reaction of nurses reading that editorial may be "We've tried so often. What is the use?" One of the wisest philosophers of modern times, Elbert Hubbard, has given the world some very sound advice that is very applicable to nursing at the present moment:

"Genius is only the power of making continuous efforts. The line between failure and success is so fine that we scarcely know when we pass it — so fine that we are often on the line and do not know it. How many a man has thrown up his hands at a time when a little more effort, a little more patience, would have achieved success. As the tide goes clear out, so it comes clear in. In business, sometimes, prospects may seem darkest when really they are on the turn. A little more persistence, a little more effort, and what seemed hopeless failure may turn to glorious success. There is no failure except in no longer trying. There is no defeat except from within, no really insurmountable barrier save our own inherent weakness of purpose."

In football parlance, we, the members of the nursing profession in Canada, still have the ball, but time is fast running out. What are we going to do with it? Read **'Hot Spots'** carefully and then let us really get down to brass tacks — all the nurses of Canada, not just the usual few. *There is no failure except in no longer trying.*

---

Most daily papers and quite a few magazines have a regular feature of small excerpts from their issues of ten, twenty or fifty years ago. Our *Journal* only goes back forty-three years but it has been suggested that it would be of interest to all nurses, the younger ones in particular, if we published brief excerpts from issues of another day. What did nurses think about, write about in 1908, in 1918, etc.? Space does not permit us to reproduce much of any one article nor quotations from all of them. However, since there are relatively few copies of those early issues extant, we propose to add this feature to the *Journal*. Each item will be dated so that you may place it in its proper perspective. For the time being, until we have an opportunity to hear from you regarding your interest in this development, we will limit the items to happenings and discussions of forty years ago.

---

Our feature topic this month develops various aspects of the problems associated with **Thyroidectomy.** Many fears have arisen in the mind of the general public about the thyroid problem. Emphasis should be placed on the fact that the thyroid is a gland which is essential to body economy. During puberty, pregnancy, and often at the menstrual periods, the gland may seem to enlarge slightly because of the increased demands made upon it. On the other hand, a gland of normal size and consistency may cause a lot of mischief through some disturbance in its function. The public will benefit from the advice to take the problems to a doctor. The helpful information contained in Dr. Grace's and the accompanying articles will enlarge the nurse's field of knowledge.

---

Experience has proved that fewer mistakes are made, and more efficient nursing care results, when the nurse understands not only what to do but also why certain procedures are carried out in certain ways. If you accept this premise as true, you will enjoy reading **Margaret McPhedran's** discussion on the teaching of medical and surgical nursing. Next month we will bring you another article along these same lines in Ella Howard's paper on the clinical program.

---

We are indebted to the California State Department of Public Health for their courtesy in permitting us to bring you the very useful material contained in the article by **Dr. Palmer** which was published in their bulletin, *California's Health.* While the material in this article is especially applicable to public health nursing organizations, the principles which are outlined have value also for the staffs of hospitals. We heartily recommend this article to your careful study.

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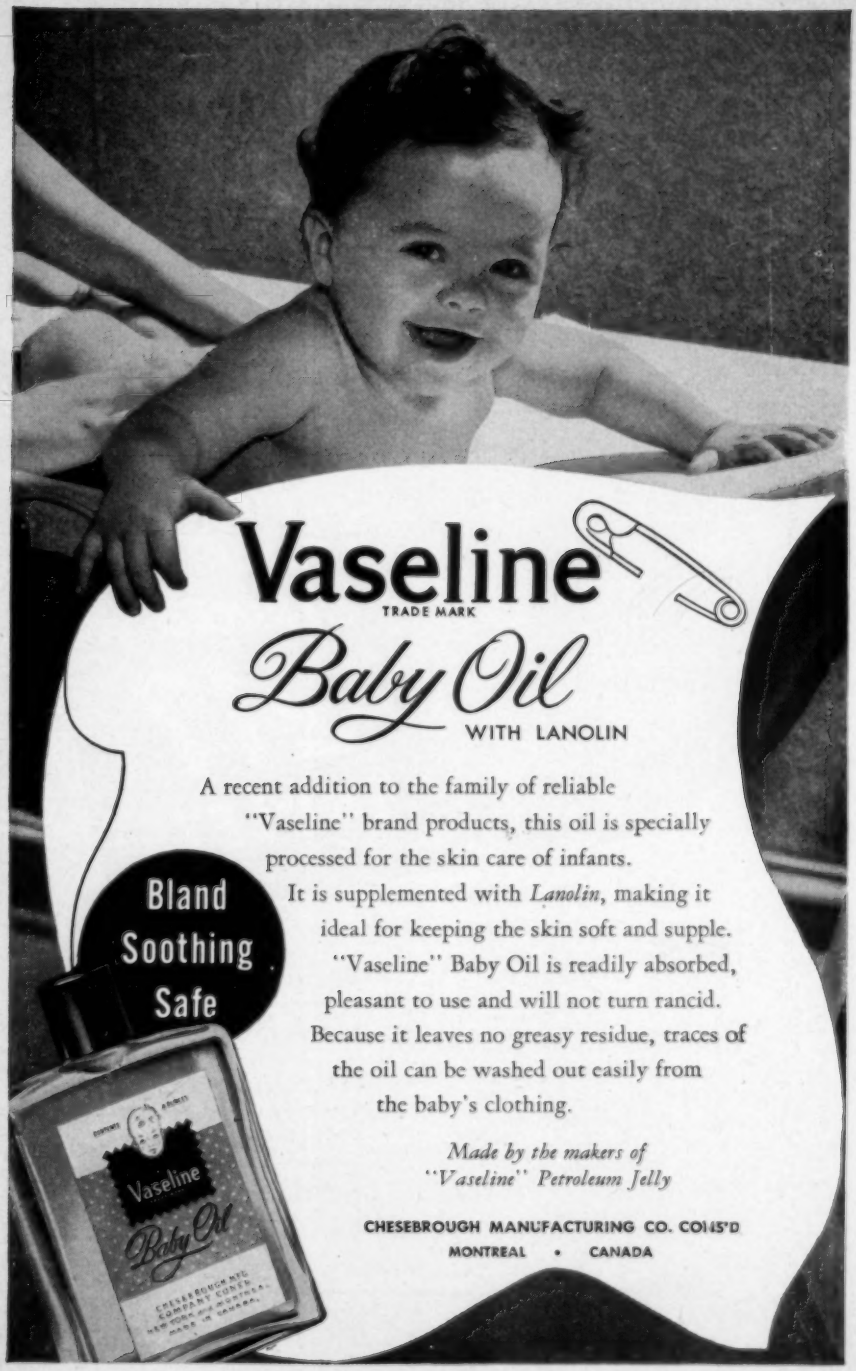
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## How to Prepare Serve and Store Your Baby's Food

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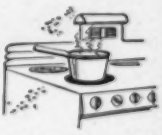
### Warming the Food



Sterilize any small dish, such as a pyrex custard cup. Use a sterilized spoon to place the portion to be used at this feeding in the cup. Place some type of lid or cover on the dish. It prevents loss of Vitamin C while warming. Stand the dish in hot water for 3 or 4 minutes, just as you would a bottle. Baby's food should be neither cold nor hot but tepid. When baby is older and using a full can at a feeding, a simple and effective way is to stand the closed can in hot water for 3 or 4 minutes; remove from the hot water with care. Open and feed the baby from the can. This method is safe, economical and a time saver.

### Feeding the Baby

If too young to sit in a high chair, hold baby on your lap with your right hand free to serve the food. Use a small spoon such as a coffee spoon. A bread spoon may hurt a young baby's mouth and the next time you offer the food it might be refused. A baby spoon may be used when the child is learning to feed himself.

### Storing the Food

When baby is very young and only a small portion of the can is used at a feeding, *leave the balance in the can.* (Doctors will assure you that this is perfectly safe.) Press the partly attached lid back in place. Then *cover the can* with a plastic cover or with a piece of wax paper secured by an elastic band. Covering the can will shut out odours from other foods in your refrigerator. Also it prevents baby's food from drying out and protects its flavour and vitamin content. Left over Baby's Food may be stored in the refrigerator for 3 or 4 days. Baby should have variety in his food but it is usually wise to use up one can before opening another. However, some doctors prefer certain foods to be served on alternate days. In this case follow your physician's instructions.

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*West. J. Surg., Obst. & Gyn., 51:150, 1943

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PUBLISHED BY THE CANADIAN NURSES ASSOCIATION

*VOLUME FORTY-FOUR* *NUMBER THREE*

MONTREAL, MARCH, 1948

# Hot Spots

THE REPORT of the Resolutions Committee which was presented to the last session of the 1946 biennial meeting of the Canadian Nurses' Association contained a multi-paragraphed resolution which urged each provincial association to set up a special committee which would have very wide representation from every phase of provincial life. The range of persons suggested for membership on these committees included, you will recall: "Representatives of all branches of nursing, hospital administration and hospital associations, the medical profession, the provincial governments, including both Health and Education Departments, and selected interested community organizations." The purpose behind the proposed formation of a committee along these broad lines was to provide a body akin to a citizens' committee which would be informed regarding and prepared to seek solutions for some of the 'hot spots' in nursing.

We are all aware, in general terms, of what those particular 'hot spots' were and, in many instances, still are. The shortage of graduate nurses; the intricate relationships between the provision of quality nursing service and the education of student nurses; the expanding use of nurses' aides and the problems related to their training and service in homes and hospitals; the equitable division of duties and responsibilities between the professional and the non-professional group; these and other associated questions were proposed as suitable topics for study by these joint committees — citizens' committees, as distinct from purely professional committees.

Some of the provincial associations acted on this resolution, others did not. The C.N.A. already had its joint committee on the national level. This group made definite proposals seeking federal financial support for an intensive study of the national aspects of these 'hot spots.' They received a sympathetic hearing but no money, largely because public opinion had not been educated to the point where people could see past the immediate problems to any personal responsibility for discovering solutions.

Perhaps the basic reason for this failure to secure public support lies much deeper. Perhaps we need first of all to have a more fully informed body of nurses. The question is raised immediately, how can we ensure that nurses are informed? The great bulk of our association members never come to our meetings. Only a small percentage of the nurses really read their professional journal, *The Canadian Nurse*. What can we do?

A very interesting description of how the members of a professional organization were educated to the point that they assumed personal and practical responsibility for dealing with 'hot spots' has recently been published. The program which was evolved by the Colorado State Medical Society provides a pattern which might be emulated with profit by any one of our provincial nurses' associations. Read "Revolutionary Doctors," in *Survey Midmonthly*, December 15, 1947, for all of the dramatic story. The following brief summation will, we hope, whet every nurse's curiosity for further details. The repercussions in medical circles in the United States have been profound. "Present indications are that Colorado's action may lead to a nationwide movement to abandon the archaic concepts of sociology and economics to which the medical profession has been accused of clinging."

What has occurred that is so revolutionary? It started when the doctors became "seriously concerned about the estrangement of public opinion from the medical profession." Those phrases have a familiar ring! As a result of their concern, the Medical Society "authorized a major increase in membership dues and stipulated that for a minimum of five years the additional income was to go toward the financing of a 'public relations program.'" In other words, they were willing to pay for the privilege of locating possible 'hot spots' and endeavoring to eliminate or at least neutralize them.

Their first step was to employ a reputable firm to assist in "analyzing their problems and devising solutions." The final report contained "twenty-five recommendations for improving public relations together with many detailed examples of how the society should proceed." The next steps were up to the Medical Society.

They could have done as so many bodies have done before them — received the report, shuddered at some of the recommendations, then filed it for future reference. Instead, they got busy. Every member was sent a copy to read and analyze personally. For three months, "special meetings of county societies were held in which the doctors discussed matters face to face with the men who had made the study." Weekly bulletins "composed entirely of letters of comment both for and against the provisions of the report were mailed to every member in the state." By the time the society met last September, "every physician in the state had had an opportunity to examine the report, discuss it in open meeting, and express his opinion in writing to the rest of the membership if he so desired." As a result of all of this preparation, "the actions taken . . . may be considered to represent, not merely the decisions of a select group of leaders, but the strongly supported opinion of a rank-and-file movement. Therein lie both their significance and their strength."

Space does not permit nor is a detailed account of the developments that followed necessary here. Suffice it to say the Colorado association has set up a "Board of Supervisors" to serve "as an impartial grand jury and receive complaints from anyone — patient, relative, community leader, official, or physician. It examines the evidence and determines whether the facts call for disciplinary action." "Unpredictability of medical fees" was another 'hot spot' that was dealt with. Medical services, prepayment plans, overcharging, etc., were referred for immediate action. The challenge to doctors to give greater civic leadership in remedying 'hot spots' in community health conditions and practices was accepted. Setting up adequate diagnostic facilities was another step.

How can nursing in Canada profit by this example of organized thinking, planning, and action? No one will deny that we have our 'hot spots.' Complaints go unanswered in the majority of instances; in fact, most of the complaints regarding nurses and nursing are aired in the daily papers. Though each provincial registration act carries penalties for such things as misrepresentation, gross negligence, etc., there is no provision made for a committee to which complainants can go with their grievances; there is no machinery, either permissive or mandatory, to handle minor grouches. Each hospital or public health organization endeavors to handle these matters individually. Is there a place for a "Board of Supervisors" to whom all these incidents might be referred? Would better public relations be developed if the public were given an opportunity to express itself freely to an official body with a sure realization of not only a hearing but remedial action where necessary? Would a broadly conceived joint committee in each province be helpful in interpreting nursing and clearing up these and other 'hot spots'? It is very well worth careful study by every nurses' organization — by every nurse in Canada.

# Thyroidectomy

A. J. Grace, B.M., B.Ch., F.R.C.S.

In general, operations on the thyroid entail partial removal of the gland because of one of the following fairly well-defined morbid conditions: Simple enlargement may produce undesirable cosmetic disfigurement; it may cause pressure on nearby structures, either within the base of the neck, or in the mediastinum where intrathoracic extension of the goitre has taken place. In this group, it is the trachea which, in particular, suffers either from compression or distortion, or a combination of these. The leading symptom will be some degree of dyspnea, especially brought on by certain positions, as lying on one side in bed. In other cases, fulness of the veins in the base of the neck may be a clue to venous compression at the thoracic inlet. Malignant goitres and certain chronic inflammatory types call for operative assistance. Solitary nodules in the thyroid gland, usually adenomas, call for removal in most cases because these benign growths have a very definite danger of malignant transformation with the passage of time, as well as having possibilities of other undesirable complications. Hyperthyroidism, or exophthalmic goitre, furnishes an important group of cases. In these, operation on the thyroid gland is designed to remove some nine-tenths of the functioning tissue in order to reduce the out-pouring of glandular secretion, which passes into the blood stream and causes certain characteristic speeding-up of the nervous and circulatory systems, and frequently other disturbances elsewhere in the body.

Dr. Grace, a native of Saskatchewan, was a Rhodes Scholar to Oxford University, where he obtained a formidable list of degrees. He was appointed associate professor of surgery in the Medical School of the University of Western Ontario in 1938.

## Preparation for Operation

Each case must be handled as an individual problem throughout, but certain general principles can be applied. Thyroid patients who are hyperactive, or undernourished for any reason, need special physical building up through the provision of a high caloric diet, with extra

feedings, and often special nourishment rich in carbohydrates and proteins. They need extra fluids to maintain the water balance because of excess water loss with their high rate of metabolism. They need also a high intake of vitamins and minerals. During the preparatory period, hyperactive cases should be kept quiet, preferably in bed and usually in hospital. They should have a considerable amount of sedation, often much larger doses than ordinary patients need. Special drugs should be given to help to quiet the thyroid activity in order to achieve the best possible condition at the time of operation; those commonly used are Lugol's iodine and, more recently propylthiouracil.

During this preparation for thyroidectomy, these patients require special handling from the psychological point of view. In many cases they are inclined to be nervous, excitable, anxious, and emotionally upset at the slightest thing. They need to be managed sympathetically and in a friendly manner, with positive reassurance continually. It is most important that they should be treated cheerfully and brightly at all times. It is wise to shield them from any unpleasantness, from interviews with over-anxious and apprehensive relatives and friends, and from anything which might cause any degree of anxiety or unhappiness. Frequently this means limiting the number of visitors, and restricting their time with the patient, while cautioning them to avoid remarks which might tend to unsettle the sick one.

It is wise to watch closely certain aspects which help one to assess the progress of the patient and which indicate that the course is satisfactory or otherwise. This is especially applicable to the hyperthyroid patients. The pulse is taken frequently, with the patient relaxed and quiet and not paying too much attention, and its trend observed. The blood pressure, checked each day, or every second day, helps to indicate when any circulatory upset is being rectified satisfactorily. The weight of the patient, when considered in conjunction with the appetite and intake of food, provides a very valuable guide. Usually patients who are doing well show a steady gain, or at least the weight is stationary while they are on this regime. In addition, these patients should feel better and look better, in general. They should show a more normal mental and physical attitude toward their illness and surroundings. Furthermore, the basal metabolic rate should show a definite diminution where it has been elevated to any great extent. It is wise not to attach too much importance to the basal metabolic rate alone, but a series of values, interpreted in the light of the other clinical points mentioned above, will serve as a real basis in judging when a patient is truly ready for operation. The purpose behind such emphasis on preparation with these patients is our desire to improve the prospects of success, while minimizing possible risks at the time of operation and preventing complications. The well-prepared patient, given a skilful operation, will usually make a smooth, rapid, and uneventful recovery. Those less perfectly prepared, or responding less ideally to preparatory measures, are more likely to run into trouble and prove unsatisfactory and worrisome to their attendants.

### The Operation

This is preceded by the usual preparations for any operation. The skin of the area should be prepared in keeping with the general plan accepted by the individual surgeon and hospital. The patient should be ensured a good night's sleep beforehand and the other usual preparations should be carried out. Heavy preoperative sedation is valuable. It is desirable that the anesthetist be experienced and alert. The anesthetic agent of choice varies, but the writer prefers cyclopropane with plenty of oxygen. Local or infiltration anesthesia is ideal for many patients who are not unduly apprehensive. In some cases an intratracheal tube is advisable, especially where there is

tracheal deviation or compression.

In general, the operation involves subtotal removal of the thyroid gland, the amount being judged carefully for the individual case. The technique of this operation involves essentially an adequate and thorough exposure of the thyroid gland, careful inspection and palpation of all parts of both lobes and the isthmus, perfect control of bleeding, meticulous dissection, with preservation of the important structures in the neighborhood (particularly the recurrent laryngeal nerves on both sides and the parathyroid glands), and finally the amount of gland regarded as desirable is taken away carefully with sharp scalpel dissection while the blood vessels concerned are tied off, with fine suture material, preferably of the unabsorbable type, as cotton or silk. Raw surfaces left on the lateral thyroid lobes are oversewn and the shape of each is reconstituted as far as possible by folding over the remnant of lobe medially, and suturing it to the fascia overlying the trachea. Lastly, the muscles are carefully brought together by means of interrupted fine sutures, and the skin is closed, usually with clips of the Michel type. The dressing should be applied so as to avoid pressure over the trachea but so placed as to exert a moderate amount of compression on each side, thus obliterating any dead space where the lateral lobes have been removed, squeezing the tissues backwards against the skeletal structures and muscles. It is very seldom necessary, today, to drain any thyroid operation; where drains are used they should be removed in one or two days.

### After-treatment following Operation

The after-care starts immediately the operation is completed — in the operating-room. At the outset it involves supervision of the patient's breathing and color, and care in regard to all the ordinary details of post-operative management. It is most important to see that these patients are placed in a suitable position, preferably on the side, so that secretions will run out of the corner of the mouth, and thus minimize any danger of aspirating saliva or vomitus into the airways. From the beginning, the pulse, temperature, blood pressure, and general reaction of the patient should be watched with special care; any great disturbance should be particularly noted and drawn to the attention of the attending doctor. Most thyroid cases require continuance of the measures mentioned in the pre-operative phase, namely, special sympathetic management and reassurance, attendance to details which increase their comfort, extra sedation in order to lower the metabolism, and adequate rest. It is usually wise to continue Lugol's iodine (5 to 15 minims) three times a day in hyperthyroid cases throughout the post-operative period, and smaller doses for a further period of weeks or months. Some surgeons do not like their thyroid patients moving early; others, including myself, like to have them moving actively and gently from the beginning, avoiding as far as possible unnecessary rotation or movement in the neck segment, but encouraging movement of the body as a whole. It is desirable that they should take nourishment well and from an early stage; if this is not possible by mouth with freedom, then they should be given intravenous fluids with glucose and possibly with Lugol's iodine added to it. The wound usually requires no attention for a period of two days. Then all skin clips should be removed and a light dressing applied for a period of twenty-four hours, after which it should be left open to the air. The wound needs no further special treatment except that the patient should massage it himself, aided by the nurse, in order to loosen up the skin from any adherence to the deep structures. This should be done daily for increasing periods and as firmly as can be tolerated, even to the point of discomfort.

### Complications

Serious complications following thyroidectomy are uncommon today. Nevertheless, all of the complica-

tions that may follow any operation should be watched for and certain special possibilities should be anticipated. Respiratory difficulty may occur at certain times. It is most important to make sure that there is a clear airway, free from excess secretions and from undue pressure from without by the dressings. Oxygen should be available by any of the accepted routes in cases where dyspnea or perhaps cyanosis show any sign of appearing. The rare case may require tracheotomy or possibly intubation, but only most exceptionally and where there has been damage to the recurrent laryngeal nerves. Hemorrhage into the wound is a very rare event today and should not occur where good surgery has been practised. The responses of the heart should be specially watched and any irregularity noted. This is not uncommon in hyperthyroid patients, occurring from one to three days following operation. Usually it will subside itself with further rest, heavy sedation, and adequate dosage with Lugol's iodine. Occasionally digitalis is given, but most clinicians experienced in this type of work do not use this drug for these cases will respond to the other measures. There is a slight but real danger of a so-called "storm," or "thyroid crisis," in the post-operative period. This should not occur in cases that have been wisely selected for operation, properly prepared, and where the operation has been adapted to the individual patient's condition and requirement. However, if a patient, shortly after a thyroid operation (usually within eighteen hours), shows signs of being unusually alert and apprehensive, and there is evidence of increasing nervous excitement and tension, with restless activity, and quite likely a rising pulse and temperature, the possibility of an impending "storm" should be suspected. The patient should be placed at once on exceptionally heavy doses of sedation, with intravenous fluids in large amount, including glucose, and all the requirements for excessive metabolism. This complication is rare and usually can be handled effectively and quickly if recognized at the outset. Sometimes the approach of a "storm" is indicated by the appearance of diarrhea, vomiting, and mental confusion, perhaps going on to delirium and even coma. Occasional cases will show a very considerable lethargy, and apathy, and prove most unresponsive. This is a dangerous condition and one which is somewhat hidden by the lack of the ordinary evidences of toxicity. These cases must be recognized and treated effectively at once or they are likely to die.

### Results

Adherence to the principles laid down of individualized management of goitre patients, has made this one of the most successful branches of surgery today. Experienced surgeons, with the aid of competent internists, and with modern hospital facilities, have large series of cases operated upon with a mortality of under 1 per cent. Grave risks exist in certain groups, such as late hyperthyroidism with serious complications including heart failure, in malignant goitre, or in neglected intrathoracic cases where there is interference with certain vital functions. It is important that these serious cases be recognized early and be treated before complications develop. In simple hyperthyroidism, splendid results should be obtained in almost 90 per cent, while even in the advanced stage, with complications already present, the outlook is now remarkably bright. Auricular fibrillation will often yield only after thyroidectomy, and a normal rhythm may be expected in approximately 75 per cent of cases. Patients with heart failure, far from being too sick for operation, should be treated effectively and medically at once and be operated upon as soon as that can be safely done. Minor post-operative disabilities should be few in number; these will include cases in which too much reduction of thyroid activity has been brought about, with some degree of hypothyroidism. These may have to take a small amount of thyroid extract in their later years.

Careful operating will prevent most of the serious technical complications. The scar should not prove disfiguring, providing that it has been properly placed, and closed meticulously, with care to relax the skin later by means of massage.

In many localities operation is being withheld from patients with hyperthyroidism in favor of the newer drugs. However, these drugs possess certain risks in themselves and the larger clinics of this continent are still carrying out thousands of thyroidectomies every year. It is evident that thyroidectomy is a proven procedure, relatively safe, and dependent for a successful outcome upon the co-operative teamwork of every person assisting in the care of each individual patient. My exhortation to the nursing staff and residents is summed up in the words: "Keep her alive. Make her comfortable. Do everything to accelerate her return to normal life." This text will be better applied if intelligent thought and the exercise of commonsense are allowed to fill in the many important details which have been omitted here.

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# Surgery of the Thyroid Gland

ANNETTA SAVAGE

THE THYROID is a gland of internal secretion, its active principle, thyroxin, going directly into the blood stream. It is situated in the neck, anterior to and partially surrounding the upper trachea. It is composed of two lobes united across the trachea by an isthmus. Thyroxin controls and aids in the metabolism of the body, regulating the flow of food and oxygen to the body cells. When thyroxin is secreted in insufficient or in overabundant quantities, it produces definite pathological symptoms.

Underactivity of the thyroid gland, hypothyroidism, if present from birth, causes cretinism which is characterized by lack of growth in body and mind; if marked underactivity develops in adult life it produces myxedema, characterized by obesity, thickened features, mental dullness, and general decrease in activity.

Overactivity of the thyroid gland, hyperthyroidism, occurs in varying degrees, and is almost invariably accompanied by enlargement of the gland. Sometimes enlargement occurs without producing any symptoms. Occasionally this is corrected by surgery for cosmetic reasons. However, when surgery is performed, it is usually to treat a condition such as exophthalmic goitre or Graves' disease.

In exophthalmic goitre there are definite signs and symptoms to indicate hypersecretion of the thyroid gland. The chief signs are: enlargement of the gland, increase in pulse rate, prominence of the eyes (exophthalmos), fine tremor of the extremities, and general nervous irritability and insomnia. Notable symptoms are fatigue, loss of weight, excessive perspiration, and marked increase in the basal metabolic rate. If not treated, the disease is usually progressive and may result in the death of the patient.

The treatment for this disease is essentially a combination of medical and surgical care. Prior to surgery, in most cases, there must be a period of preparation. The patient should be placed in a quiet, well-ventilated room, care being taken to prevent excitement of any kind. The nurse should be quietly cheerful, making an effort to keep from the room any noises, unusual events, or tactless visitors, which might upset

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Mrs. Savage is a graduate of Victoria Hospital, London, Ont., who has interrupted her nursing activities to look after her own home and children.

the patient. Sedatives are administered to aid in absolute rest, and iodine is given to reduce the activity of the thyroid gland. Frequent metabolic tests are taken to determine when the maximum effect of the treatment has been reached.

Surgery of the thyroid gland is based on the principle that if enough of the gland is removed the patient will be restored to normal or nearly normal. The amount of gland to be removed varies with each case. During operation a portion of each lobe of the thyroid is removed, great care being taken not to injure the parathyroid glands which lie behind. Extreme care must also be taken not to damage the recurrent laryngeal nerve which lies beneath the thyroid gland.

Immediately following operation the patient's pulse, respirations, and blood pressure are carefully watched and any untoward symptoms such as tachycardia, fever, difficult respirations, or bleeding are reported at once. The nurse must also be able to recognize the symptoms of tetany, thyroid crisis, and recurrent laryngeal nerve injury.

Tetany may be due to operative trauma and disturbance of the parathyroid bodies, which control the calcium metabolism of the body. The symptoms are muscle twitching and weakness, associated with a low blood calcium. It is treated by the administration of soluble calcium salts and eventually subsides.

Thyroid crisis is the term used to describe a group of symptoms thought to be due to acute hyperthyroidism. The patient may develop high temperature, rapid pulse, profuse diaphoresis, and delirium. In such toxic conditions, ice packs and cold colonic irrigations are given to reduce the temperature. Lugol's solution may be ordered as well as sedatives to decrease the pulse rate and overcome the general tension.

Hoarseness or cough may develop due either to injury to the recurrent laryngeal nerve or to pressure on the nerve if there is post-operative hemorrhage and edema. This may be relieved by inhalations or a cough sedative mixture. In rare instances, dyspnea and cyanosis may result from collapse of the trachea. This condition must be immediately noted and relieved by tracheotomy.

After the operation has been successfully completed and the immediate post-operative conditions observed and treated, skilful and understanding nursing care is required. The patient must have limited activity in a cheerful, quiet atmosphere. Occupational therapy is of benefit in the period of convalescence. The nurse should encourage interest in books, radio, or light manual occupations which will keep the patient interested in something other than his own condition, yet will cause no mental excitement or physical strain.

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# Nursing a Thyroidectomy Patient

GRACE MCLAGAN

WHEN Miss M was admitted to hospital, she had a noticeably enlarged thyroid gland. She was fifty-seven years old and stated that this enlargement had started when she was twelve. Two years ago she had noticed a small nodule in the right lobe. This nodule gradually enlarged to about three-quarters of an inch in diameter, and at that time she consulted a physician who advised her to come into hospital.

Miss McLagan has recently completed her undergraduate experience at the Victoria Hospital, London, Ont.

Her other complaints included general weakness, a periodic smothering feeling in her chest, and some difficulty in swallowing. She said she perspired freely and preferred cool weather to warm. Her hands were moist and warm.

In carrying on a conversation with her, we found she had a jumpy but pleasing personality. She had some tachycardia, her pulse rate being 140; her blood pressure was 240/130. She was placed in a private room where she would be cool, quiet, and have complete bed rest. Phenobarbital, ¼ gr. t.i.d. and 1½ gr. h.s., was given for sedation. Her weight on admission was 118 pounds, which was slightly less than her usual weight, and she had a very poor appetite. A high caloric diet was ordered, also Elixir-B complex, 2 dr. t.i.d., to improve her appetite.

An x-ray of her chest showed an almost fist-sized, soft tissue mass in the upper mediastinum, extending from the neck into the thorax, obviously corresponding to a substernal goitre. The x-ray also showed the trachea markedly displaced towards the left side and apparently slightly narrowed. The aorta projected to the left side which it was thought might be due, in part, to pressure from the thyroid, in part, was exaggerated by a marked kypho-scoliosis. It was also suggested that there was a slight left-sided cardiac hypertrophy.

To enlarge upon these latter findings, an electrocardiograph was taken, which indicated hypertrophy of the left ventricle, premature ventricular beats, and very slight first degree heart block.

Her basal metabolic rate was plus 32 per cent. Normal B.M.R. is minus 10 per cent to plus 10 per cent. To help reduce this excess rate, she was given propylthiouracil, 50 mgm. t.i.d. Thirteen days later her B.M.R. was plus 19 per cent, pulse 96, and she was not so nervous. In two months, her B.M.R. was down to plus 14 per cent, pulse rate 88 and regular, and her blood pressure was 190/90. Her appetite was greatly improved. She was started on Lugol's solution, 15 minims t.i.d. This is an iodine preparation, the administration of which results in a decreased output of thyroid hormone. It was given in orange juice to remove the taste and color of the iodine, and to make it less irritating to the gastro-intestinal tract.

In a very short time, her B.M.R. was down to plus 10 per cent. However at this time she developed a throat infection. With penicillin therapy (50,000 units, intramuscularly, every three hours), gargles and mouth washes, this condition improved. Two weeks later the propylthiouracil and Lugol's solution were discontinued. Miss M had developed a swelling of the joints in both her hands, which was thought might be a reaction from the propylthiouracil. When her physician examined her a week after, it was not considered that the stopping of the thiouracil had materially helped her. At this time she was watched carefully for any increase in the severity of symptoms of her thyrotoxicosis. However, she improved, and soon was put back on Lugol's solution in preparation for a thyroidectomy.

The morning of the operation, sedative was given in the form of morphia gr. 1/6 with atropine gr. 1/150, one hour before the operation. In the operating-room she was given pentothal intravenously, cyclopropane and oxygen intratracheally. A transverse incision was made across the neck about two and a half inches above the upper end of the sternum. The right lobe of the thyroid was dissected free. Thyroid vessels were identified and ligated and the entire right lobe of the thyroid, with the exception of a small portion of the superior pole, was removed. The left lobe was removed in a similar manner. What appeared to be one of the parathyroid glands was identified following removal of the thyroid. Bleeding was not excessive and was adequately controlled. The wound was closed in layers, a short piece of half-inch cigarette drain being placed midline in the incision, the skin sutured with fine zytor suture material. Sulfathiazole powder and a sterile dressing were applied.

Microscopic examination of the specimens revealed multiple colloid adenomas, but no malignancy.

During the operation, Miss M received 50 cc. of whole blood intravenously, followed by a solution of glucose in normal saline and distilled water. Her condition immediately following operation was considered satisfactory.

Lugol's solution, 45 minims, and paraldehyde, 4 dr. in olive oil 4 oz., were administered rectally immediately on return from the operating-room and Lugol's was continued for twenty-four hours in dosage of 15 minims t.i.d. Morphia and nembutal were administered as sedatives and she was placed in an oxygen tent, which eased her breathing considerably. It greatly increased her general comfort also, since everyone else was so uncomfortable from the heat and humidity.

To lessen the strain on the sutures, the bed was put up in semi-Fowler position, with her head supported on pillows. The dressing was watched closely for excessive bleeding and in twelve hours the cigarette drain was removed.

Post-operatively, her pulse rate was 88 and fairly steady. Her temperature was normal. On the following day, her temperature climbed to over 103°, but receded again fairly quickly. Her pulse was 130 and she had some difficulty in breathing, but she was kept in the oxygen tent and given steam inhalations with balsam of Peru. A tracheotomy set and suction apparatus were prepared but were not needed. She experienced some hoarseness of voice and had a cough with considerable thick, tenacious sputum. To relieve this, a cough mixture of ammonium chloride was given.

On the third day, her temperature rose suddenly to 105°, pulse 130. She perspired profusely, and seemed very restless and nervous, indicative of a "thyroid crisis." Continuous cool air by oxygen tent, tepid sponges, and forced fluids relieved this condition. The following day her temperature was down to 101°, and her general condition seemed much improved.

Oxygen was discontinued on the fifth day, and on the seventh day, the sutures were removed from the incision which had healed very well. An x-ray taken at this time showed no apparent changes from the previous picture except for the absence of the mediastinal shadow.

On the seventh day, she was helped to sit up in a chair, and from then on she recovered steadily. A fortnight after the operation her B.M.R. was minus 9 per cent, and she had gained ten pounds. A week later she was discharged by her surgeon doctor and transferred to a medical ward for tests and physiotherapy to help her joints which were still giving her considerable trouble.

Before saying goodbye to Miss M, we explained to her the necessity for rest, relaxation, and an adequate diet.

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## Propylthiouracil

Although iodine had been employed for more than a century in the treatment of goitre, it apparently did not attain much popularity for hyperthyroidism until about twenty-five years ago. Its most advantageous use has been as an aid in preparing patients for thyroidectomy. Here it usually produces a striking amelioration of symptoms and a fall in basal metabolic rate.

However, iodine seldom provides either complete or prolonged control, and for this reason it has not been entirely satisfactory. The clinical use of thiourea and thiouracil marked a great step forward, for it introduced a series of compounds which provided complete control of hyperthyroidism for indefinitely prolonged periods. Both thiourea and thiouracil have the serious disadvantage of

producing disagreeable side-effects. The only dangerous reaction has been granulocytopenia (agranulocytosis), which, however, may be expected in about 3 per cent. Therefore, it was only natural that the search should continue for an effective antithyroid drug with minimal toxicity.

Propylthiouracil has the greatest potency of any of the substituted thiouracils shown. In clinical use, propylthiouracil has turned out to be three or four times as potent as thiouracil. The incidence of side-effects with propylthiouracil is only a fraction of that with thiouracil, with the single exception of pruritus.

It is evident, then, that propylthiouracil is both more potent and safer then thiouracil. Average initial dosage is 100 to 150 mg. daily, subdivided into four portions given at six-hour intervals. There seems to be no advantage in exceeding 250 mg. daily, and the advisability of exceeding 150 mg. is questioned. After the hyperthyroidism is fully under control, the dosage should be reduced to 50 to 75 mg. daily, distributed over two or three administrations. The patient must be under observation even during maintenance therapy, for underdosage will result in return of hyperthyroidism, whereas excessively large maintenance dosage may result in hypothyroidism.

With propylthiouracil, as with thiouracil, it is advantageous to allow a longer period of preoperative preparation than was practicable with iodine. Five weeks should be considered a minimum. Operation should not be scheduled until there has been complete regression of the hyperthyroidism and maximal regression of complications such as cardiovascular and hepatic disturbances, plus replenishment of depleted body stores of protein, vitamins, and minerals.

The status of propylthiouracil as a substitute for thyroidectomy in the treatment of hyperthyroidism is still unsettled. Until more experience has been obtained, operation is still recommended for those in whom it is not contraindicated.

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## Refresher Course for Industrial Nurses

A well attended refresher course for industrial nurses was held at the School of Nursing, University of Toronto, November 19-22. The course was requested by the Public Health Section of the Registered Nurses Association of Ontario and arranged by the school of nursing with the co-operation of the Division of Industrial Hygiene, Ontario Department of Health. Total attendance at the course was 127 nurses representing 36 centres in Ontario, three from Quebec and one from New Brunswick.

Similar courses have been arranged upon request in the past by the university and it has been noted that, to an increasing extent, employers are paying the expenses and making arrangements for their nurses to attend these courses. This year a large proportion of nurses had their expenses paid in full. By thus making it possible for nurses to attend, management is making a real contribution to industrial nursing, in a practical form to suit industrial needs.

The course covered various phases of industrial hygiene and welfare, including the mental, physical, and social well-being of the worker. Considerable time was spent in discussion of industrial nursing and its relation to the whole field of public health. Increasingly, the industrial health worker is realizing the importance of the health service within industry in relation to the community's total program for health. Technical methods and procedures were studied in detail. Records and community resources were topics for two lively round-table discussion periods.

One of the highlights of the course was a visit to the Rehabilitation Centre of the Workmen's Compensation Board at its new location in Malton. This centre, which is one of the best of its kind on the continent, was of great interest to the nurses and several saw injured workmen from their own plants. The visit gave the nurses an opportunity to see what is done for these men and how nursing care, physiotherapy, and occupational therapy, under medical direction, are combined to help return the worker, mentally as well as physically, to his former job or if necessary to a new type of job. This will be of value to nurses in re-assuring injured workers when it is necessary for them to receive treatment at the clinic.

The response from the standpoint of both attendance and interest was very gratifying to those responsible for the arrangements.

# Teaching Medical and Surgical Nursing in the Classroom

MARGARET G. MCPHEDRAN

THE classroom is no longer the only place in which the teaching is given. It is common knowledge that theory and practice should take place concurrently. Many writers on education emphasize this point strongly. Sir Richard Livingstone in "On Education" uses the phrase "cross-fertilization of theory and practice." Consequently, the classroom lectures must be considered only a part of the whole teaching program.

Medical and surgical nursing are basic to all clinical fields. As soon as the preliminary term is completed, an introductory course in medical nursing and, perhaps a little later, surgical nursing should be commenced. Both these aspects of nursing provide opportunities for applying the general principles learned in nursing arts during the preliminary term. The students, at this point, are ready to be introduced to a more complex situation, although in assigning patients it is still necessary to see that the nursing problems are relatively simple. In a few months the students will be ready to receive the lectures from doctors in general medicine and general surgery, with lectures in medical and surgical nursing going on concurrently. In the more senior months of her nursing course, the student is introduced to the clinical specialties — urology, gynecology, ear, eye, nose and throat, and others. The study of these specialties must be approached in a slightly different manner. Both medical and surgical aspects may be presented by the same patient. So the nurse must be taught and encouraged to apply her knowledge of basic medical and surgical nursing to a particular person presenting certain symptoms and needs.

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Briefly then, the classroom teaching of medical and surgical nursing falls into two divisions:

1. A basic course, including introductory lectures of the general principles in medical and surgical nursing; later, common medical and surgical conditions with further lectures in nursing.

2. Advanced medical and surgical nursing in the clinical specialties or, as some describe this study, "adaptations of medical and surgical nursing to clinical specialties." Whatever phrase is used it is simply an application of general principles to a complex situation.

First, we will consider the basic course in medical and surgical nursing. In order that the maximum benefit may be obtained from a study of these clinical fields, courses in pharmacology and diet therapy should be in progress at the same time. These subjects are basic, too, since in the present era curative and preventive treatment are dependent on one or both of these branches of medicine. It is only reasonable to suppose that the student nurse will give more intelligent care to a person if she understands the reason for giving drugs and the action which is likely to occur. Similarly, there is likely to be a greater effort made to see that the correct diet is given if the student understands the general principles of the dietary treatment.

The instructor who is responsible for the teaching of medical and surgical nursing, in either the classroom or clinical field, must be fully aware of the student's progress and knowledge in these subjects. Every effort should be made to help the student to utilize her knowledge and to apply knowledge gained from earlier lectures to new situations. Anatomy and physiology, chemistry and bacteriology, psychology and mental hygiene take on a new importance and value if the

student can make the application herself, or at least make it under the guidance of the instructor. Questions carefully planned in advance or the arrangement of a problem to be solved through class activity provides just such an opportunity and the student has a pleasurable feeling of achievement.

In order to make the best use of the content of all lectures it is essential that all the teaching staff be fully aware of what is being taught. This suggests the need for closest cooperation of the entire staff in planning and carrying out the teaching program. The clinical instructor should know her own clinical field well and have a good understanding of related fields; in other words, she must be a well-prepared person. It is desirable, if at all possible, for the instructor to attend the doctor's lectures so she may be aware of the content given.

When arranging the content of her own lectures for the classroom, it is well for the instructor to remind herself that she is giving *nursing* lectures and is not merely repeating material already given by the doctor. If further explanation of the content of the doctor's lectures is essential, additional lectures must be arranged. The instructor's lectures deal only with the nursing aspects of medical and surgical conditions. This does not imply that there should be no correlation between the doctor's and the instructor's lectures. On the contrary, there should be the closest correlation. It is preferable if medical and nursing lecturers work out their courses together so that each lecture supplements the other. This is not always possible and cannot be insisted on until the medical lecturers are paid. However, many doctors recognize the value of having the nursing instructor assist in making the selection of the lecture content. From the symptoms, treatments, and complications outlined by the doctor, the nursing instructor develops the nursing care required, such as the observation and recording of symptoms, the prodecures involved in treatments, with adaptations necessary for individual patients. Added to these are the countless opportunities for showing the student where she can teach health to the patient in a positive way. This includes mental as well as physical health.

With such an analysis of the possible content of the nursing lectures, the few hours at the disposal of the instructor become all too short to cover more than the essentials. However, by careful planning these essentials can be included and details which require further development carried over to the ward teaching program. Usually points concerned with procedures and nursing care are better understood when discussed on the ward in relation to a particular patient.

It is well, too, that in arranging lecture content the instructor should have a deep appreciation of the fact that she is teaching basic nursing. She is applying procedures already learned in the preliminary term to the medical or surgical patients. What the student learns at this point of her training will be used in all the varying situations she will meet throughout her nursing career. It is impossible to adequately care for a normal obstetrical patient, for instance, if basic surgical procedures are not understood. Then there is the obstetrical patient suffering from medical complications, cardiac conditions, toxemias, nephritis, and so on. Not only must the nurse know how to nurse an obstetrical patient but she is now required to care for a person with a medical condition as well. In the pediatric ward a similar combination of skills is required.

The foundation in basic subjects must be well laid if the more complex nursing situations are to be adequately met. The interest and enthusiasm of the instructor for medical and surgical nursing creates a similar interest in the student as well as an appreciation of gaining all the knowledge possible from these lectures and the clinical experience available. The lectures given in the classroom should provide the initial stimulus and create the necessary enthusiasm to do good work. A carefully planned ward pro-

gram of teaching and patient assignment presents a challenge to the student and provides an opportunity for her interest and enthusiasm for nursing to be satisfied.

With this idea underlying the instruction to these students, the instructor prepares an analysis of the content with a view to seeking the most logical arrangement for presentation. With the vast increase in the body of medical science, and consequently in nursing, it has become necessary to select the essential material. It is both impossible and unnecessary to attempt to teach everything. The student nurse should be receiving a basic course in nursing, not one designed to make her a "specialist" in any clinical field. Further study may be made through carefully assigned reading or can be gained at a later time if desired.

By making a careful study of the actual nursing care provided for various conditions, it is apparent that there are many common points. The instructor must select these common points, arrange them in a logical order, and discuss them in detail. This discussion will include the value, the method of procedure to follow in carrying out the doctor's orders for treatment, observations which must be made, and adaptations required in caring for individual patients. This helps the student to learn to plan the nursing care she is to give the *individual* person. Nursing care should then be more effective.

By way of illustration let us think of one phase of medical nursing. Elimination of fluid wastes and measurement of intake of fluids is important when nursing patients suffering from cardiac conditions, nephritis, diabetes mellitus, and acute infection. It is equally important when patients are receiving drugs such as sulphonamide preparations. There are numerous points about measuring fluids which the student should know:

1. She should know the exact quantity of fluid the patient is to receive, understanding the meaning of terms "forced" and "restricted." Some teaching should be given regarding the distribution of the total fluid intake over the full twenty-four hours. This avoids the difficulty of having a patient face an entire night with no allowance made for fluids.

2. The student should know why fluid intake and elimination are to be measured. Previous knowledge of chemistry, physiology, etc., are utilized at this point.

3. It is essential that the co-operation of the patient and his relatives be gained. Frequently the patient is disturbed over the emphasis put on measuring intake and elimination of fluids. There may be attempts made to obtain more fluid than is permitted by the doctor's order.

Or the patient's diet may present a problem. Even if the patient is not receiving special dietary treatment, ample opportunity arises to show him how improved food habits may do much to keep him in good health. If the diet is a special one, there is the added problem of seeing that all food is eaten. It may be necessary for the nurse to interpret to the patient the reason for or value of a restricted, and frequently what appears to be an unpalatable diet. Some help in planning to meet the home situation is often valuable. During lectures on nutrition and diets in disease, the student has been taught a great deal about food. Now she is provided with an opportunity of applying such knowledge to actual nursing situations.

Surgical nursing has general principles which are common to many situations. There are definite points to observe in all surgical conditions regardless of whether the operation has been a so-called major or minor. There is the preliminary preparation both mental and physical, post-operative shock, hemorrhage, pain, vomiting, temperature, problems of elimination, prevention of infection of wounds, both clean and those already infected. The preliminary physical preparation may vary in complexity and area involved but the underlying principles remain unchanged. The mental preparation is similar although even here variations may occur depending on the individual, the seriousness of the impending operation, and the general philosophy of the patient.

When the patient returns from the

operating-room, the necessary care must be observed systematically. There may be drainage tubes requiring special attention, but regardless of organ or cavity drained the underlying principles of care will be the same. Mental apprehension of the patient must be considered. All the uncertainties of the outcome of the operation must be faced. The relatives must be reassured.

Thus, in medical and surgical nursing, a great deal can be taught in a general way without introducing any specific reference to diseases or conditions. Then the doctor's lectures commence. The nursing instructor proceeds to apply the general principles to specific conditions. This is not necessary with all topics included in the doctor's lecture course but only for a disease which is representative of the nursing care for several conditions affecting the same organ or system. Discussion and demonstrations regarding equipment and procedures can best be given in the ward teaching program. Conferences can be planned to include many small details which are necessary for good care in particular cases but which are difficult for the student to grasp away from the actual situation. Procedures such as thoracentesis and paracentesis are more readily understood when seen on the wards, provided the general principles of such procedures have been explained beforehand.

In presenting the content of the classroom lectures to the students, there are certain factors which require emphasis and merit more attention than is sometimes given to them. It is relatively easy to slip into the habit of teaching techniques and procedures which relate only to the curative care of the patient. Nursing today is more than merely providing curative care. "It is a community service, including health supervision of individuals and families, as well as nursing the sick in the home and hospital." With this broader interpretation of nursing the student must be led to think of the patient as an individual with social, economic, and health problems. It is essential that the student be provided with information so that she can give positive health teaching. It is desirable that the patient leave the hospital with some added knowledge which may improve his general health and probably influence the health of his whole family as well. This is just as important as knowing a few facts of how to prevent recurrence of his disease or condition. Probably it may be even more important.

In the classroom, then, the student is made aware of this need for physical and mental health teaching. The ward teaching program further enlarges the topic and re-emphasizes the need, providing actual practice under supervision. At the same time the student is shown how other people interested in health may help us in our work. The initial interest must be aroused in the classroom lectures, however, and some, at least, of the required knowledge provided.

Just as important as health teaching is the realization of the social needs of the patient. He is returning to a home in the community. There may be need of adjustment in his way of living, his relationship with his family. Consider the cardiac patient who has been the breadwinner of the home. Now, on release from hospital, he must stay in a ground-floor room, his activities are curtailed, he must have a degree of mental and physical quiet. The student must be led to think of this since she is the person who will hear much of these problems and who, incidentally, can do a great deal in setting problems aright. It is the task of the classroom teacher to initiate this thinking. Later it will be followed up in community visits and ward teaching.

These extra points add considerably to the content of classroom lectures and yet they are essential. Selection of the content, with stress on general principles, provides the necessary time for this and, what is more important, the lectures take on greater meaning and interest for the student. It is probable that medical and surgical nursing taught in this way will be remembered much longer than an endless list of points in nursing care.

After arousing the student's interest by a discussion of general principles, the instructor directs the attention to further study. The ward teaching program is kept before her. There she will have more opportunity to participate, bringing in her own observations and recommendations. This suggests to the student that she has still more to learn and keeps up her enthusiasm for seeking new knowledge. Carefully selected reference reading lists give her tools to find out more details than lectures can or should provide.

Following the basic course in medical and surgical nursing, the student receives experience in clinical fields where she may apply the general principles in a variety of situations. As she approaches the more senior part of her course she is ready for experience and lectures in advanced medical and surgical nursing and the clinical specialties. Since many of the patients in these services will present both medical and surgical problems, it is probably best to correlate both phases in relation to each specialty.

It has been suggested that it is advisable to have several doctors give the lectures instead of having one doctor provide the entire course as is so frequently the custom. Instruction regarding the clinical specialties can be given best by one who has made a special study of the subject. Where the clinical services are segregated, the clinical instructor in each service would be responsible for nursing lectures both in classroom and ward. In smaller hospitals with non-segregated services the same instructor would, undoubtedly, be responsible for teaching nursing for several specialties.

To summarize the points which have been made:

1. Classroom instruction is only one phase of the total program of teaching medical and surgical nursing.

2. Lectures given by the instructor should be nursing lectures — nothing more.

3. Selection of the general principles of medical and surgical nursing should be made and then applied to specific cases.

4. When at all possible, assistance should be given to the doctor in selecting the essential topics and content for the lectures he gives to the nurses.

5. There should be continual interweaving of other courses which have preceded and are accompanying the teaching of medical and surgical nursing until the student sees these as a part of the whole field of nursing.

6. The instructor should realize that meddical and surgical nursing are basic to all other clinical studies. Because of the enthusiasm shown by the instructor, the student will recognize that these aspects of nursing care are fundamental to the whole field of nursing.

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## ℞ *Chuckles* P.R.N.

The waste products of the body are urine, feces, excess tears, and ear-wax.

The function of lymph is to help carry blood and to keep the body bathed in a steady state.

The heart is a heart-shaped muscular gland divided into the aorta, three pulmonary veins, and the right and left pulmonary arteries. The bottom cavities are known as the vena cavas. The blood leaves the body to enter the heart through the left ventricle.

A throat irrigation is ordered if the patient has a cerebral hemorrhage.

Tuberculosis may be spread in the milk of a cow that has not been pasteurized.

If an insect is lodged in the ear:

(a) cut off its oxygen supply.

(b) kill by means of cotton-batten on the finger and then remove by aural irrigation.

(c) use turpentine, a few drops, at 105° for the irrigation.

(d) instil an insecticide powder.

(e) call the doctor.

Pregnancy is an illness that lasts nine months and usually cures itself.

The morbidity rate is anything that makes mothers morbid.

Chills may indicate streamline infection.

A well-balanced diet will prevent bulging.

# What Do Preventive Health Services Mean to You?

G. KINNEARD, O.B.E., M.D., D.P.H.

WHEN WE SPEAK of preventive medicine we are very apt to think primarily of the brilliant sweep of modern public health science across the country, reducing or eliminating water-borne or milk-borne infections, venereal diseases and diphtheria. Important as these are, they by no means cover the whole picture. Today, the newer knowledge has broadened our conception of health — we no longer think of it as a mere absence of disease, but as a radiant positive condition. Today public health is turning progressively toward those health problems that can be solved only by dealing directly with the individual. If health services are going to assume their proper place they have to be a highly personal service, motivating the individual toward healthy living, stimulating public action towards conditions conducive to health and developing effective use of our vast resources. That is not an easy task.

If we are to understand the potential scope of prevention by the modern technique we must agree that any procedure which serves to ward off disease or maintain health is to be considered preventive medicine. We cannot wall off preventive services in water-tight compartments. They range from personal measures of environmental sanitation to curative medicine for the individual. Supposing a man has a job where he eats irregularly, tends to get indigestion, and finally sees his doctor. As a result of this visit he gains insight into his anxiety, is placed on a different job in his industry, goes on a better diet, and gets well. Is this a triumph for the stomach doctor or industrial hygiene or nutrition or a case of mental healing? Is it curative of anxiety or preventive of a stomach ulcer? The point is obviously that preventive and curative medicine are not separable. Both must be included in anything we wish to recognize as complete medical care.

Under the old traditional style of medical practice much of the potential value of medical science was lost because, for financial reasons, the people did not go to the physician for examination and for early diagnosis and treatment. It has another drawback too. Illness cannot be predicted and budgeted for in advance. As a result, in any one year, almost half of the total medical bills are being borne by about 10 per cent of the people. These are, of course, the 10 per cent who happen to be ill that year and, therefore, who can least afford to pay. Doing things that way, we have had a large bill of medical costs. We have had this large bill because we have been treating people *after* they fell ill and have left undone those things which would have prevented illness or have reduced it.

Until we become more realistic on a broad scale about this business of prevention, we shall continue to pour out more huge sums on hospitalization. Already there is concern about the expanding capital cost of providing more and more hospital beds. Should we not try to keep people out of hospital beds instead of putting more of them into hospital beds? Suppose by spending more money, we increase the number of beds in hospitals from the present rate of 4 or 5 per thousand of the population to 9 or 10 per thousand, would that be a matter for congratulation? The thing we should be asking ourselves is: why are all these people trying to get a bed in a hospital? Why are all these people sick? Healthy people do not need hospital beds and medical care.

The fact of the matter is that in

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only a few cases, notably with tuberculosis and venereal disease, are we actively trying to find out why the patient fell ill. In your own case when you fell sick, was not your first thought treatment? Do you ever ask why did I get sick, or how could this trouble have been avoided?

Asking that question in dealing with acute and infectious disease has paid off handsomely. In 1849, cholera and typhus were so prevalent in Canada that there were 3,226 deaths from typhus alone. By finding out why typhus and cholera occurred they were prevented. This process has been repeated over and over again in quelling certain communicable diseases. Had this not been done, people would be requiring care for typhus and cholera and smallpox today just as they were a hundred years ago. Actually, the important infections are coming under control and much illness from these causes is being eliminated. Putting matters on the lowest possible level, that of money saved, have you considered what the bill would be for hospitalization and medical care if we had not controlled illness due to infections of a communicable character?

As a special example, let us consider something that has occurred in Saskatchewan, which indicates what a policy of vision has actually accomplished in the field of prevention over the past thirty years. I speak of the work of the Anti-Tuberculosis League. The following is a paragraph from the current report of the president of the League:

> The League since its founding has practised an advanced preventive program in conjunction with adequate treatment facilities, and every advancement that would assist in preventing infection and raising resistance has been adopted. That the founders were farsighted and that the leadership within the League has been virile is reflected in these statistics for the period: The death rate among the non-Indian population of the province has fallen from 44.5 in 1917 to 17 per 100,000 in 1945; the new active cases found yearly among the civilian non-Indian population has fallen from 686 in 1930 — the first year after free treatment — to 399 in 1946; the infection rate as determined by the tuberculin tests has been reduced to the point where one out of every two persons escapes infection entirely during a lifetime, whereas in 1917, infection was universal at the age of thirty. All this progress has occurred within the lifetime of the founders of the League . . . These men must feel a great deal of satisfaction and pride in the work accomplished. They are aware that the measure of success which the League has experienced in these three decades has been made possible through the outstanding co-operation given them by all the people of the province.

I want to draw your attention particularly to the final words of that quotation. The success of the League "has been made possible through the outstanding *co-operation* given them by all the people of the province." If we tackled our other medical problems in the same way and with the same vigor and leadership, in fields such as dental hygiene, mental hygiene, nutrition, and chronic illness, we could bring about similar accomplishments in a comparable period of time. Every hospital we build is a monument to many disease conditions that are needless and preventable.

Somehow or other the man on the street must be made to feel that our vital need is not so much for treatment, important as that is, but for the prevention of illness and the promotion of health. Our present machinery for prevention is hopelessly feeble as compared with what it should be. It will continue to be hopelessly feeble until the people demand preventive services in the same way as they are now demanding hospitalization and medical care.

If we are to embark, as we have already embarked, on a nation-wide policy of what may be called paternalism; if we are going to pay baby bonuses at the beginning of life and old age pensions at the end of life; if we are going to look after the halt and lame and the blind, we ought to approach the problem in an intelligent objective manner. There should be no exploitation of the national interest. There should be no question of jockeying for economic or political advantage. We must have "honor and faith and a pure

intent." If we do all this, and I do not for a moment suggest that we should not, the bill of costs is going to be high. Does it not strike you, therefore, that it is high time we set about establishing preventive health services that would ensure that our babies are well born and well reared, and that our adult population is kept healthy? That way the bill of costs will be kept low. For, make no mistake about it, the cost must be paid from the produce of those gainfully employed. Children, old people, sick people, crippled people, mentally deranged people, live on capital, their own or someone else's. They do not produce. By prolonging life, by insisting that old people stop work and go on pension, we are deliberately aggravating this problem. Only 17 per cent of the population was over 45 in 1900; in 1940, 26.5 per cent of the population was over 45, and it is estimated that by 1980 more than 40 per cent will be over that age. With the wage-earning period of life extending from 25 to 55, it is estimated that the upkeep of the nation falls on 50 per cent of the population.

Preventive medicine should be regarded as one of the bases of the more abundant life. The new public health is interested in promoting the conception of health as the development of the individual's potentialities — physical, intellectual, and emotional and not as the mere absence of disease. Our victories in the past have been notable. We have secured, or know how to secure, safe water and clean milk. We have brought infection under control. The new public health is becoming more and more a personal matter. We are about at the end of our tether regarding what we can do for people without effort on their part. The victories of the future are going to depend more and more on their personal co-operation. Preventive health service is not a thing that can be "laid on" in its most productive aspects. It is something that people must personally desire. Let us not worry about where the money is going to come from. Actually, taking the long view, these measures will be the means of effecting huge savings.

We who work in the field of public health usually have on our desks a large volume entitled "Preventive Medicine and Hygiene" written by Dr. Milton J. Rosenau, professor of Preventive Medicine at Harvard Medical School. I would like you to read Dr. Rosenau's creed:

> Preventive medicine dreams of a time when there shall be enough for all, and every man shall bear his share of labor in accordance with his ability, and every man shall possess sufficient for the needs of his body and the demands of health. These things he shall have as a matter of justice and not of charity. Preventive medicine dreams of a time when there shall be no unnecessary suffering and no premature deaths; when the welfare of the people shall be our highest concern; when humanity and mercy shall replace greed and selfishness; and it dreams that all these things will be accomplished through the wisdom of man. Preventive medicine dreams of these things, not with the hope that we, individually, may participate in them, but with the joy that we may aid in their coming to those who shall live after us. When young men have vision, the dreams of old men come true.

## Flip a Switch

Some handicapped veterans in college don't have to scribble lecture notes hurriedly. Note-taking is a little easier for them — they just flip a switch and a portable recording machine captures the professor's words.

The Veterans Administration supplies the recorders to school-going veterans who are armless, paralyzed, blind, or hard of hearing.

The recording machines — called audographs — originally were designed for recording telephone conversations. VA discovered they could be used successfully by students and began supplying handicapped veterans.

The machines weigh 15 pounds, record a 30-minute transcript on each side of an eight-inch disk and plug into an electric outlet. The VA said they could be fitted with batteries, too.

—*Veterans' Affairs*

# Helping People to Help Themselves

NORENA MACKENZIE

ONE OF THE FINEST experiences in human fellowship which we have had came from our relationship with nurses who were among the displaced persons in Germany. It was our privilege to assist, in a small way, in preparing these nurses to replace UNRRA in the care of their own sick.

"With UNRRA in Germany"—Lyle Creelman's excellent series which was published in the *Journal* last year — revealed the immense problem of organizing a nursing service for a people who had been the victims of one or another kind of torture and long since displaced in a country now confused by defeat. Among these folk were qualified nurses, some of whom had assisted in the care of the sick from the moment hostilities had ceased. They were nurses like curselves. Some had splendid professional preparation and wide experience; others had just finished training when they were caught up in the dreadful transfer of populations. As a consequence during their years of displacement, what professional experience they had did not include the *refinements* of nursing as we understand the term. Others fell between these two groups. They were women like ourselves; some were women of yeoman stock to whom a trust was sacred; others were refined, cultured women who had studied beyond their own shores; some were younger fun-loving girls for whom the world was a glorious adventure until 1939.

These women, representing at least three age groups with their different backgrounds, their different sensibilities and different plans for the future, lived and worked in D.P. camps or sick-bays and bore the scars of suffering with varying degrees of visibility but mostly with fortitude. Some were quiet, gentle and withdrawn — the immediate past too dreadful to think about and the future too uncertain or perhaps too certain. One could depend on them. Others were bright, cheerful, and steady for a time but surrendered occasionally to the depression induced by memory — and then one was forbearing. But the young, with the elasticity of youth, resolutely set their sights of faith and hope and behaved like all young folk. They gave evidence of a fine sense of responsibility. They also had their moments of irresponsibility but nothing dimmed their picture of the future.

We may be excused for the particular pleasure we had in assisting with the rehabilitation of these nurses. They were our "ain folk."

"To help people help themselves" was the doctrinal pivot of UNRRA and the main text of the director of the British Zone. When planning for the future became possible we realized that fulfilment of this policy was to be obtained by "helping people to help themselves" to the extent that they replaced us in caring for their own people. Interpretation of that principle in the nursing division meant the rehabilitation of the qualified nurses by means of refresher courses. These were planned for Baltic and Polish qualified nurses in order to prepare them to assume responsibility for the nursing service of the "hard core" in the assembly centres of their own national groups.

The preparation of the courses envisioned more than just refreshment in nursing. While we determined that the instruction should be as comprehensive in content and as efficiently administered as our ability and other conditions provided, we were equally determined that we should try, in the ten weeks allotted to the course, to make the entire experience one which allowed for as graceful a way of life as possible. Therefore, a good deal of attention

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was given to the location of the teaching centre, not only with regard to the experience it would provide but also in the arrangement of living quarters, social and intellectual opportunities.

The lovely old Hanseatic port of Lübeck, on the river Trave, was a veritable oasis. In the Lübeck area, there were some forty thousand displaced persons, among them a large population of Baltic people. Here, a German hospital had been taken over for the Latvians. All the staff, including nurses and doctors, were Balts. Next door, a lovely house, set in a beautiful garden and with a splendid view of the river, had been requisitioned some months before as a training centre for nurses' aides and now it was refitted with as many amenities as possible for a refresher course for qualified Baltic nurses.

The Baltic population of Lübeck boasted a great many professional men and women. Also there was a large number of talented and experienced artists — singers, musicians, dancers. So our nurses were able not only to enjoy the friendship of their own intellectual equals, but also ballet, opera, symphonic music, and other forms of entertainment.

Close to Wolfenbüttel and the beautiful old town of Goslar in Brunswick region there was a large Polish population. Situated in about the middle of the area was a Polish hospital — that is, one which cared for Polish patients and was staffed by Polish doctors and nurses. It was planned that this was to become the centre for the refresher course for the Polish nurses who would thus enjoy the same social advantages as the Baltic nurses.

The principles observed in the selection of candidates for the refresher course, the teaching centres, the teaching personnel, and planning the programs were all directed to the idea of "refreshing" these women so that they might more efficiently care for the ill in sick-bays and assist in maintaining health in the camps. To that end, health teaching and practice were integrated into each unit of the program. Subjects and courses, as far as possible, complemented each other. On the one hand there were lectures, demonstrations, and related ward experience in the care of the sick; on the other hand, demonstrations and experience in camp hygiene and sanitation, camp feeding, prevention and control of communicable diseases, and experience in infant welfare, ante- and post-natal clinics.

Fortunately, the health division of UNRRA in the British Zone had some qualified, experienced teachers who had had the personal discipline of teaching nurses' aides through an interpreter. One of these teachers was charged with the administration of the Lübeck centre. The Polish nurses were very fortunate because their instructor was an exceedingly well-prepared Polish nurse whom we had known when she was a Rockfeller fellow on this continent. The Polish and Baltic doctors were delighted to assume the revision of the material in physiology and pharmacology as well as the clinical teaching. UNRRA public health nurses and welfare officers also assisted with the teaching in their specialties and the hospitals and camps provided practical experience.

In normal circumstances the result of any refresher course is difficult to assess. We hoped, like all teachers, that there would be some indication of the value of the experiment. There was! We soon observed the resiliency of the human spirit in the delightful intimacies of study, in the pleasure of work and the camaraderie of play. That, in itself, was sufficient to justify the effort.

But another result, prophetic of the enduring effect, was the rebirth of professional responsibility. Among those registering for the refresher courses were several well-prepared nurses and some "Old Internationals" who, by virtue of background and experience, gave stability to the groups. They were jealous that there should be no doubt as to their own as well as their colleagues' professional status and they showed keen interest for the profession at large, although so removed from it. So, before the withdrawal of the UNRRA nurses from

the British Zone, it was decided to compile a register of those women who had qualified for state registration in their own countries. A committee was appointed to screen those who professed themselves to be qualified nurses and to register them. All who claimed to be trained nurses were interviewed and all credentials — and few, by the way, had lost their certificates — were evaluated by the committee. The three members of this committee are now occupying positions of trust — one in each of the regions of the British Zone — and the registrar and president of the committee is at Zone Headquarters.

How could we ever have hoped for such a response under such abnormal conditions? The answer is that the qualified nurses among the displaced persons in Germany are women and nurses like ourselves — refined women who in camp life have little opportunity for the luxury of privacy; studious women who have no professional literature, and hopeful women — hoping that the future will hold something more than camp life in an occupied country. In helping nurses to help themselves UNRRA created a response beyond our hopes. Now it is we who have a responsibility — as displaced persons surely they have a claim on the world's generosity; as displaced nurses they merit the generosity of organized nursing in Canada and throughout the world.

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## In the Good Old Days

(*The Canadian Nurse*, March, 1908)

Some nurses apparently were not too happy about the affiliation of schools of nursing with visiting nursing organizations—

"Those of us who have been so fortunate as to have had it, sincerely hope that Visiting Nursing as a regular part of the training has come to stay, and as a branch of the profession it certainly seems to open up a great field of usefulness to those nurses who either do not care, or are not fitted for private nursing or institutional work. The benefits derived from this course, by the nurse in training, are of great value, as even those who do not care for it must admit."

Could this have been forty years ago? The short, snappy editorial that month points a little moral that is probably as true today as it was then:

"An English nurse who arrived at Halifax the other day and speedily made her way to Montreal, says of us in a contemporary: 'As to Canadian nurses, to me they appeared very keen, intensely loyal to their own training school, and very thoroughly trained. They are aiming at the highest possible standard, yet their buoyant belief in the perfection of their own hospital somewhat hinders their appreciation of any methods but their own. But it is quite possible that other countries and other hospitals may have a few ideas and methods which they would even do well to adopt!'

"That is quite true. There are very few people who can take advice, but we hope Canadian nurses can and will."

The Toronto Graduate Nurses' Club were holding a fete "which it is hoped will almost, if not quite, provide the money for the much-needed and much-desired Nurses' Clubhouse."

Private duty brought in an income of "eighteen to twenty dollars a week."

"The Alumnae Association of Toronto Western Hospital is in a flourishing condition, having twenty-eight members, including at least half of all the graduates of the hospital."

"A cable dispatch from England states that the freedom of the city of London is to be conferred on Miss Nightingale."

"It is possible to procure fairly clean milk from a questionable dairy by sending a sterilized 'self-sealer' under the cover of which has been tied a piece of sterilized cheesecloth, with instructions to have the milk drawn directly into the jar. Cheesecloth is removed by the milkman before the glass cover is replaced."

Contributed by the Committee on Public Health Nursing of the Canadian Nurses' Association

# The Seeds and Fruits of In-service Training

GEORGE T. PALMER, D.P.H.

Effective public health work calls for trained people. For the professional staff this means a broad academic training followed by specialized training in public health. More and more we are recognizing the value also of a brief period of field training to smooth the transition from the university to the job.

But training cannot stop here. Inevitably it continues on the job, whether we recognize it and cultivate it formally or not. The field of public health, as with so many other fields, is in a continuous state of change. New knowledge is evolving from new discoveries, from constant additions to former discoveries, from new adaptations in procedures in the light of new discoveries, from experience, from studies, from the reassessment of values and end results. Long existing needs are being rerecognized and given a place in the growing program. Additional financial support is being received to implement programs. The public health program cannot be static, nor can learning and training have an end point.

Learning, of course, takes place naturally during work experience. Thus we may say that in-service training of a sort is being carried on in all health departments. But the pace of learning can be stepped up and learning itself can be guided into more productive channels by conscious and planned effort. If we recognize and value certain desirable goals in learning, and are not content with the haphazards of experience alone as a teaching method, then we must develop a plan of training that heads toward these goals.

What are these desirable goals? The primary goal, it seems to me, is to develop people. Improvement in people is the first step toward an improved program.

In developing people, it must be decided first what are the qualities and skills that are desired in a staff. What does the administrator want to see developed?

Next we shall need to know the avenue of development. What is it that brings forth responses in people? What is it that the human beings who constitute a staff want? Perhaps a road to staff development can be found through the wants of a staff.

With goals and staff wants identified, then we may consider how one goes about to set up or implement an in-service training program.

## THE GOALS OF STAFF DEVELOPMENT

We want the people on a staff, do we not, to know their field, to keep up to date. But our objective, you will remember, is to develop people. Something more is necessary than content and information. Some of the things we would like to see in a staff are:

A deep personal interest in the job.

A recognition on their part of the need for

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a certain uniformity in procedure and yet an alertness to ways of improving methods of work.

An awareness that improvement means change, and yet a fearlessness of constructive change.

An understanding of the need for acquiring supporting data for opinions.

An understanding of how to get along with people — colleagues and the public.

Some discernment into why people behave as they do.

### The Natural Wants of a Staff

Some, at least, of the major wants of staff members, over and beyond remuneration and security, are:

To be respected as a person.

To be regarded as a responsible member of the team.

To experience satisfactions in their work.

To receive recognition.

To have their ideas welcomed.

To be thought important enough to be included in planning and in carrying out new programs.

These are natural, fundamental, universal desires of human beings. They are the foundations of good morale, of interest, of lift, of drive. Their recognition calls for an awareness on the part of the director that these desires are existent, are not to be ignored, and that these wants can be used profitably for the development of a strong, forward-looking staff.

Too much cannot be said for giving people the opportunity for self-expression and participation in the planning of a program. All will not respond equally, but the growth process is afforded a chance to operate within the climate of such opportunity. We know well that the denial of these satisfactions discourages initiative and the desire for growth.

The problem here is one of keeping a recognition of these values in the forefront of thinking, not only on the part of the director but of his subchiefs and supervisors. Perhaps framed mottoes on the wall are not the answer to keeping these principles alive, but in some more subtle fashion they must not be permitted to be forgotten.

Responsible participation in planning to the limit of a person's capability not only brings a sense of satisfaction but it converts a director's program or a supervisor's program into a staff program. There is a heightened interest upon the part of an individual in the success of a program which that individual has had a part in constructing. It is then *his* program — his program to carry out, his program to support.

### Implementation of In-service Training

The starting point in an in-service training program is an interest and a willingness on the part of the staff chief to provide the time and the facilities for its establishment. We must not gloss over this point. Interest is one thing, but standing firmly behind training efforts is something else. A staff training program does take the time of workers away from the routine duties of the day. Time siphoned off from routine is the greatest objection to be overcome. When pressures mount in the load carried it takes loyal faith in the virtues of a training program to hold to the line. There are temptations to postpone and to encroach upon the training program in favor of seemingly more pressing duties.

The spirit behind in-service training must rest with the chief but for the immediate leader or better, the director of arrangements, someone on the staff must be designated, and the health educator is the logical person professionally to step into this role.

### Types of In-service Training

1. *Orientation training:* One form of in-service training is the orientation of new members of the staff. Here is an opportunity during the first week or month of service to display to the newcomers the scope of the department's field of work.

Visits to the various offices, laboratories, and clinics, with brief informatory remarks by the heads of different services, open a vista to the newcomer of the importance of his new occupation. Favorable impressions ought to be created at this

time. The various chiefs are on trial in a sense and their presentations ought to be seriously considered in advance. The orientation program, crowded as it is into a few days, is a full one for the newly-employed worker. Remarks ought to focus on the purposes and breadth and interesting features of the work rather than being a drab recital of secondary details.

Time, again, is the potential barrier to the orientation program for it does take time. The health educator, as the guide and consultant, must think and learn from experience how best to design the program to sustain the feeling of value for all concerned and thus avoid the possible sense of intrusion in the minds of bureau chiefs and the sense of "nothing gained" on the part of the trainees.

2. *Staff meetings:* Meetings of the staff, the entire staff or limited to a single professional group, are instrumental in in-service training. Meetings can be set up for different purposes however.

The staff conference may be confined to instructions or interpretations by a chief or supervisor. While the instructions in themselves may constitute a part of staff training, many additional learning values are introduced if staff members are encouraged to discuss freely any and all materials that are presented. The learning features are reduced under a dominating presiding officer who "tells" but does not welcome criticisms or comments.

Two other types of meetings are of value in the training program. One is the "informational" meeting planned for the purpose of enlarging the entire staff's horizons on present-day thinking and new developments in their own and related fields. Experts outside the health department may be brought in to present recent developments in such specialized fields as orthopedics or cardiology or medical social work or housing. This type of meeting brings home to the staff a realization that other professional people and groups in the community are likewise engaged in important undertakings and that reliable sources of information can be found outside the health department.

The seminar type of meeting serves still a different purpose. It is neither a staff conference nor an informational meeting but an occasion in which individuals are chosen to prepare original material for presentation and to lead discussions. Such occasions likewise provide the experience of defending one's views in the face of challenges. This contributes to the growth of the individual and assists him in distinguishing between personal and professional criticism. It is this type of meeting which provides the satisfaction of recognition, of being respected as a person, of being a member of the team.

3. *Staff participation in solving problems:* The in-service training program cannot rest wholly on meetings however. There is also the learning experience which a small group of persons may derive from delving into a specific problem. Here is an opportunity in which several nurses, sanitarians, and physicians may work together in developing new techniques, or in seeking bases for forming new policies. This may call for an analysis of office records, or the gathering of field records, or conducting interviews with people, or even in making time studies of procedures or operations.

It is in such special studies that a group learns the value of consultation. Many studies will call for team work. Perhaps the nursing supervisor, the health educator, and the public health analyst can assist in planning the study and in securing and evaluating data. From such studies the group also learns the value of orderly procedures and the difference between subjective and objective appraisal.

Perhaps the most important outcomes, however, which stem from the problem solving method is through participation in working on a problem. Subtle changes are developed in the attitudes of staff members who hitherto had seemed impervious to change by other methods of in-service

training such as lectures or seminars.

4. *Demonstrations:* Still another method of in-service training which yields good returns is the demonstration. Learning is facilitated through seeing a thing done first hand. A demonstration centre for teaching purposes may be established in which a small staff works together in setting up new procedures and trying out new ideas. As these practices prove their worth in the hands of a few staff members, their usefulness may be extended by rotating other staff members through the centre. This gives others a chance to learn, not by hearing the procedures described but through actual participation in the procedures.

5. *Day-to-day in-service training:* We have been discussing the special, formal methods of in-service training. But objectives of in-service training can be cultivated also in a less formal manner by the relationships established between supervisor and staff in their day-to-day routine tasks.

Respect for the employee as an individual, recognition, provision for participation in group planning, special tasks, assignments to represent the staff on committees and at meetings — all these expressions of interest are in themselves part of an in-service training program that stimulates growth and team work.

All these measures that we have discussed are desirable in implanting a true spirit of team play. They will encourage staff members to *undo* the wrappings on their hidden ideas about program betterment.

Team plan or working in concert is a principle highly stressed by the leaders of progressive thought in industry. In the *Technology Review* of May, 1947, Alvin Brown points out that "it has been a long time since the individual, unaided by his fellows, has been a significant factor in industrial enterprise. It has even come to the point where research in the laboratory — yes, even the thinker in his study — depends for success on the association of effort. The time is past when one man, alone, except in unusual cases, can make any significant contribution to human progress."

He sums up the idea of collaborative working in these words: "Human progress depends upon concert of endeavor. For all that we have, for all that we hope to gain, we depend upon associated effort. Civilization depends upon the endeavour of *individuals associated in their respective enterprises*."

### Staff Responsibility

The health educator has been referred to as the logical leader in helping the director and the supervisory staff with these various types of educational effort. His work is with the community, yes, but with the staff of a health department as well. As a leader in a program, however, it should be understood that the health educator is in no way to be held responsible for staff training within a bureau. His services are those of a guide and consultant. His contribution is in furnishing suggestions on suitable educational techniques to meet the problems outlined in a bureau training program. The chief of sanitation may elect to set up an educational course for food handlers. He should look upon the health educator as a consultant in this enterprise, one who as a resourceful person can assist in suggesting appropriate teaching methods, and in recommending new teaching materials. This assistance throughout is vital in view of the fact that so much dependence has been placed hitherto solely on the lecture style of teaching.

In summarizing may I say that I have pointed out that the major obstacle to be encountered in conducting staff in-service training will be the time that it takes away from regular duties. Compensating returns are not immediately perceptible to the harried director or bureau chief and are not easily demonstrated. The rewards that we seek are postponed rewards to be collected progressively over a stretch of time. Development is a slow process. However, even planning takes time, and chiefs and supervisors are expected to spend

time in planning for training.

Faced with the necessity of answering the challenge of encroachment on staff time, it is obvious that haphazard, makeshift programs of in-service training will not justify themselves. The structure of training must be soundly conceived, and the training program conscientiously carried forward. Training develops the individual staff member. The quality of the program is but the reflection of the quality of staff responsible for the program.

## War Memorial Libraries

With four of the provincial associations over the top in the drive for funds for the War Memorial of the nurses of Canada, we are within four months of the campaign's end, with 65.54 per cent of our objective reached. The latest official figures at the end of January showed the accompanying totals.

| *Province* | *Objective* | *Donations* | *Percentage* |
|---|---|---|---|
| Alberta | $ 2,000 | $ 2,001.00 | 100 |
| British Columbia | 3,700 | 1,982.00 | 53.3 |
| Manitoba | 2,000 | 2,162.90 | 108.1 |
| New Brunswick | 900 | 962.35 | 106.9 |
| Nova Scotia | 1,600 | 737.00 | 46 |
| Ontario | 10,000 | 10,050.00 | 100.5 |
| Prince Edward Island | 200 | 101.00 | 50.5 |
| Quebec | 10,000 | 1,121.00 | 11.2 |
| Saskatchewan | 1,600 | 743.54 | 46.5 |
| Midland Dietetic Association | .... | 10.00 | .. |
| Nursing Sisters' Association | .... | 500.00 | .. |
| Totals | $32,000 | $20,370.79 | 65.54 |

All provinces excepting Saskatchewan have shown an increase since the last figures were published in October.

Acknowledgements have been received from most of the twenty countries to which the token libraries of fifty books were sent. If anyone needed reassurance as to the value of this contribution by Canadian nurses these letters of simple gratitude would supply it. Here are quotations from a few of them:

*Roumania* —"Your thought to help our nurses' schools with teaching material is wonderful."

*Norway* — "How extremely kind of your association to remember us with professional textbooks, of which we are very much in need, and am sure they will be of great value to our nurses . . . We shall distribute the books to the best of our knowledge."

*Denmark* — "We ask you to accept our warm thanks for the grand gift . . . We will found a library . . . It will prove a valuable assistance to the nurses all over the country and a new important link between our associations and the members."

*Czechoslovakia* — "The books have been passed over to some of our nursing schools . . . They are most deeply appreciated."

*Belgium* — "That case of fifty wonderful books was delivered safely . . . It is most welcome and we are deeply grateful . . . These books will be of such a help . . . They are for us of double a worth, as being received from our Canadian colleagues."

The first thousand books have gone. The committee has ordered thousands more books, including duplicates of those already sent and many new titles. The nurses of Canada will feel very humble in the face of the overwhelming gratitude expressed by our colleagues in distant lands. We have told them that the first fifty books were only "token" libraries. Let us not disappoint them about the larger supply.

## Annual Meeting

*Registered Nurses Association of Ontario.*
April 22-24, 1948.
Royal York Hotel, Toronto.

Contributed by the Committee on Institutional Nursing of the Canadian Nurses' Association

# Value of Adequate Supervision

SISTER M. ROSARIE

(*Continued from February issue*)

## SUPERVISOR

The supervisor is the specialist in her particular clinical field and she is responsible for the maintenance of a high standard of nursing care within her department. The changing conception of supervision, and the increasing demand for more and better ward teaching has given to the supervisor a definite teaching function. It is recommended that the supervisor teach the theory and practice relating to her nursing specialty. Two definite values are implied in such a plan: (1) the supervisor is, or should be, the most highly qualified person to teach the nursing practice relating to her clinical specialty; (2) ward experiences would be more definitely utilized and integrated into the learning process. The adoption of such a policy would necessitate the organization and development of a teaching program within the department which should be planned in consultation with the superintendent of nurses and the head of the teaching department. The supervisor is responsible for a staff education program which should include the head nurses and other graduates within her unit of supervision. She is also responsible for the training of ward helpers, maids, and orderlies employed in her department.

Supervisors in special departments of the hospital, such as outdoor department and operating-room, will carry administrative as well as supervisory responsibilities and will be definitely responsible for the organization and carrying out of a teaching program for students and graduates in their department. While the head nurse is in charge of a ward, the supervisor has the general administration and supervision of a larger unit. It is, therefore, necessary that she possess good organizing ability. She must have previous experience in headnurseship and a complete and thorough understanding of her clinical specialty.

There should be a democratic working relationship between the supervisor, the head of the teaching department, and head nurses within her department. They are co-workers with the same fundamental objectives in view, but, because of the broader experience and qualifications of the supervisor, she holds the seniority and is in the position of authority. The supervisor should provide the type of leadership that will allow the head nurse to fulfil her rightful responsibilities in regard to the significance and importance of her position. Students should regard the supervisor as a

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teacher, one from whom they may expect constructive criticism and guidance. It is vitally important, too, that the supervisor make good contacts with the patients and that she merit the co-operation and respect of the medical staff.

Constant supervision is the best known method of improving the quality of nursing. Supervisory activities are constantly changing as administrative and educational policies and philosophies change. Head nurses, assistants, and staff nurses need the daily stimulation which comes from a high quality of supervision. Supervision, as mentioned previously, is not merely inspection. Supervisors who inspect only are not doing a complete job. Detailed inspection becomes the basis for supervision and, in order to reach the high standard of supervision as required in our modern institutions, the supervisor must not only have educational and professional experience but she must also develop initiative, industry, and perseverance. She must display self-reliance and enthusiasm in her projects. She must possess patience, tact and, above all, a sense of humor in meeting successfully the many daily irritations. She must strive to gain the confidence of those under supervision, as well as those to whom she is directly responsible. Confidence develops from sincerity and reliability. Loyalty is an important personal characteristic for anyone in a supervisory position—loyalty to the school of nursing and to the hospital where she is employed; loyalty to those above her and to those whose work she supervises. Firmness and exactness, tempered with kindness and consideration for those she is commanding, will help the supervisor toward the goal for which she is striving daily — perfect supervision in her unit.

### Teaching Staff

A democratic conception of education as applied to nursing education should be maintained by every member of the teaching faculty. Education, taken in a general sense, is a process by which the individual develops as fully as his potentialities will permit toward desired ends. It is likewise a process which enables the individual to live most and serve best. It is the wholesome development of personality — a progressive experience through which the individual acquires an ever-increasing organization of understandings, skills, and attitudes. The development of ideals and attitudes constitutes the chief work of education. It is a process which enables the individual to live in harmony with herself, society, and her Creator; hence the importance of a qualified staff. Nursing education demands that administrators, teachers, and supervisors possess broad and varied experience, as their ability to guide and share their experience with the less experienced places them in their respective positions of leadership. The teaching faculty of a school of nursing must provide for the development of initiative, independent thinking, and creative accomplishment in their students.

The selection of staff members should be in direct relation to the needs of the particular positions to be filled. No matter how well organized the curriculum of education may be, it can only become really effective through the interest, personality, professional experience, and ability of those responsible for its direction. Those responsible for the education of a nurse should possess not only good personal qualities but special professional qualifications and experience. Though formulation of professional opinion and the process of education is gradual, it is apparent that the future status of the professional school of nursing will depend in a large measure upon the leadership of women with a broad educational outlook. Enrolment of graduates from different schools, who possess the necessary qualifications, has a beneficial effect on the policy of the school. Such action will inevitably prove enriching to the educational program and may even be found to be advantageous from the service point of view. The inclusion on the teaching staff of a qualified nurse

with teaching ability and with special preparation and experience in public health nursing is receiving general approbation. Her contribution to the field of undergraduate nursing education would greatly assist in providing those social, community, and health contacts which should become an integral part of student experience.

Provision should be made for continued post-graduate development during the period of teaching service. Every member of the teaching staff, regardless of age, whether junior or senior, should be made to feel that she has a part to play and a contribution to make to the institution as a whole and the nursing profession at large. A planned program of staff education is a means of assembling the teaching staff for discussion of educational and service problems. In addition to this, there should be opportunity for cultural and social development through provision of library facilities, recreational, and social activities.

### The School of Nursing Faculty

The personnel of a school of nursing includes all those who contribute directly to educational programs and includes the following members: superintendent of nurses, assistants to the superintendent of nurses (day and night), the head instructor, other instructors, head nurses, supervisors, public health nurse, dietitian, and social director. Members of the medical profession are also included in the school faculty.

The *superintendent of nurses* is usually principal of the school and director of nursing service. Her major responsibilities include the determination of the educational policies of the school, the administration of the school of nursing, and the efficient maintenance of a good standard of nursing care at all times. She is also directly responsible for the selection and maintenance of a fully qualified nursing staff. It is her duty to arouse in her staff an interest in and a sense of responsibility towards the school, the hospital, and the community, as well as towards nursing organizations and the advancement of the profession.

As superintendent of an approved nursing school, with recognized standards, she must possess a broad, liberal education. University training is desirable. She should be a registered nurse, graduate of an approved school and in good standing in professional associations. She should have special training in educational administration as applied to schools of nursing. Her dual position requires dignity and strength of character, ability to inspire confidence and command respect, emotional stability, balanced judgment and tact, together with all the essentials of a stable and well-balanced personality. She must have ability to delegate responsibility and to secure and maintain the best co-operative relationships. The superintendent of nurses should establish at all times a professional and democratic relationship with her staff and students and a good working relationship with the superintendent of the hospital and with the medical staff. She should have the confidence and respect of the board of management and, through the medium of the school of nursing council of which she is a member, she should endeavor to gain the support, confidence, and co-operation of all members of the teaching faculty.

The *head instructor* is responsible for the organizing and manipulation of the educational program in the school. Personality is an essential quality in this trying position. Teaching is largely a matter of student-teacher relationship and a curriculum remains a static thing unless vitalized through the personality of an inspiring teacher. Besides forceful personality and special aptitudes, the head instructor must have a thorough understanding and complete mastery of the subjects she teaches. She must have a sympathetic understanding of the students and of their individual needs. She must possess capacity for leadership as well as administrative ability if she is to function efficiently in her particular field. The head of the education department is expected

to have a broad cultural and liberal education. She should have availed herself of special training and preparation to fit her for this important work and in order to plan and organize a fully rounded-out educational program. She must have had previous experience in headnurseship together with clinical supervision.

A valuable part of the students' education takes place on the wards; therefore the head instructor must work in close harmony with the head nurses and supervisors in the various departments and wards. Mutual understanding must exist between her and the superintendent of nurses and her assistants in regard to the curriculum and she should have a sympathetic understanding of the practical problems of the administrative aspect of nursing service. Her personal contact with the other staff members in the school, as well as on the floors, should be such as to inspire respect and confidence and freedom of access. Members of the medical staff who assist as lecturers in the nursing school are also subject to the head instructor concerning the curriculum, selection of texts, and determining of subjects and matter to be taught. Her position in the school should impart reassurance and confidence to these members of the medical profession, together with experienced assistance and support in their teaching and instructing capacity.

*Assistants to the superintendent of nurses* (day and night): As with the superintendent of nurses herself, her assistants, either day or night, should have had special post-graduate training of at least one year. The assistants may substitute for the superintendent and represent her, if necessary, at meetings, etc. They should be noted for their exemplary conduct and cultural attainments. The night assistant is directly responsible to the superintendent of nurses, but as she is in complete charge of the hospital at night she is personally responsible for directing and supervising the nursing care. She should possess mature experience in the clinical field, including headnurseship. Both assistants, day and night, must be particularly resourceful, able to think quickly in order to adjust to emergency situations, and have good mental balance.

*Other instructors:* The personal qualities necessary for every good teacher are likewise necessary for all members of the nursing school faculty. They must aspire to meet the educational standards required by approved schools. Mastery of the subjects taught is of vital importance. The *science teacher* needs a particularly strong science background in order that she may be able to select and adapt subject matter to the needs of the nursing school curriculum.

As nursing is the core of the curriculum, the *teacher of nursing arts* should be carefully selected and prepared. She must possess skill in nursing and have a thorough understanding of the scientific principles underlying the art of nursing. Specialization in this art is always indicated. Both of these teachers should work closely together in order that good integration and application of subject matter may be ensured. There must likewise be co-operation with the other staff members and polite and cultured relationship with all.

*Dietitian:* The primary duty of the dietitian is supervising the food service in the hospital but she is also responsible for the dietary teaching and guidance of the student nurses. Because of her particular line of training, she has a valuable contribution to make to the educational program of the school and it is the usual practice that she conduct the courses in nutrition and dietetics. The dietitian, as a graduate of an approved university, must have a sound knowledge of nutrition and diet in health as well as diet in disease. Her courses should be linked up with the science course and the clinical experiences of the students.

*Public health nurse:* The nature of her position on the staff suggests that she requires qualities of leadership and diplomacy, together with special preparation in public health nursing. She assumes responsibility for the general plan of field expe-

rience and should work in close co-operation with the public health nursing agencies in which students are placed for observation periods. The public health nurse directs the visits of the students in the community, and in addition she would seem to be the logical person to take charge of the student health service. The public health nurse should co-operate with other faculty members in strengthening and co-ordinating the preventive and health aspects of the students' education.

*Social director:* The social director is responsible for the organization and functioning of social activities in the nursing school. Students endowed with special artistic talents should be encouraged to continue their interest in such cultural activities. It is her duty to make the life in residence as happy and normal an environment as possible. Frequently, the social director is capable of conducting physical education classes. Co-operation with other members of the faculty and a general congeniality with all hospital executives and staff members are essential to happy living.

Group faculty meetings for a better understanding of current problems are helpful. It is very important that the personnel of the nursing school understand administrative problems related to the present transitional period. An explanation by the dietitian regarding food shortages and difficulties in purchasing and securing certain foods would make the personnel much more sympathetic toward these problems. Likewise, a talk on the understaffing of a particular unit or department will make the faculty members realize the necessity for a student missing an occasional lecture or not having sufficient time to spend on a project. When reasons are shown for certain factors in the employment situation that may not be satisfactory, faculty personnel will be co-operative and loyal.

Individual conferences with the head instructor at stated intervals are conducive to good working relationship. Inexperienced faculty members particularly need such assistance. During these conferences the head instructor should express appreciation of good work, constructively criticize unsatisfactory or faulty teaching, offer suggestions for improvement and give general professional counselling. If individual faculty members believe that those who administer the school are interested in them as individuals, value their contributions, and wish to assist them in correcting their mistakes, then their loyalty to the school and the institution will be increased.

A school of nursing which hopes to maintain its service at a constant level of efficiency, and to stimulate its personnel toward progressively higher levels of achievement and supervision, must provide in-service educational opportunities. In-service programs of education should be a form of group or social activity whereby all share in the planning, in the execution of the plan, and in the benefits resulting from the program. Faculty in-service programs may be concerned with specific subjects or with study and investigation of problems related to the educational program of the school. Committee activity on problems of curriculum, educational facilities, testing and evaluation, admission standards, activities for the students, and other major problems will not only contribute to the more efficient functioning of the school but will unite the members of the faculty and help them to grow professionally. The exchange of experiences and points of view between younger faculty members and those of greater and wider experience is one of the direct benefits of faculty in-service programs. Administrators of schools of nursing must consider, realistically, ways and means of keeping their faculties satisfied and happy in their employment, if they are to promote a higher level of efficiency in service, growth, and development of personnel, improved programs of education, and satisfaction in working relationships.

In terminating this topic I repeat—to give to the staff is to get in service.

## AUX INFIRMIÈRES CANADIENNES-FRANÇAISES

# Les Vieux Cas de Syphilis

M. Paule McLean

(*Suite de l'édition de février*)

Je vous dirai un mot des médecins pratiquants dans la lutte contre les maladies vénériennes. Intitulons ce paragraphe: L'assistante sociale et le médecin pratiquant. Il est regrettable de constater que le côté social de la question maladies vénériennes n'intéresse pas le médecin. Il traite bien les cas que le hasard lui envoie, ou il les dirige vers un spécialiste. A cela cependant se limite son effort. Malgré les leçons qui lui sont servies au sein même de sa clientèle, il ouvre les yeux un moment pour les refermer aussitôt. Peu de médecins tiennent un dossier des malades qu'ils traitent. C'est le patient qui connait le mieux le nombre d'injections qu'il a reçues. Les résumés de traitement nous sont donnés de mémoire quand nous en avons besoin pour un transfert. Il se fait, aussi, peu de travail au point de vue dépistage. Les cas de gonorrhée ne sont pas déclarés dans les bureaux privés et il en serait de même pour les cas de syphilis si la Division ne fournissait pas les médicaments.

Cependant j'ai réussi à faire dans certains cas les enquêtes sur les sources et les contacts, et il m'arrive souvent d'être reçu dans le bureau d'un médecin par ces mots: "Garde, j'ai un nom pour vous." Immédiatement commencent des recherches très actives au milieu d'un tas de paperasses, pendant que moi, je tremble de crainte à l'idée que le précieux papier ne soit égaré ou introuvable. Je suppose que cette crainte envahit aussi l'esprit du médecin car, tout en cherchant, je l'entends murmurer: "Mais où donc ai-je mis ce billet-là, c'est bien ici pourtant, quel était donc son nom? Marie? Aline? Jeanne?" Et les mains cherchent toujours. Je dois ajouter, en toute justice pour le médecin, que, s'il n'est pas un bon teneur de livres, il est du moins conservateur, car, à date, tous les billets ont été retrouvés. Souvent, on me confiera l'enquête, ce que je préfère par-dessus tout. Ceci étant d'ailleurs mon travail, j'y peux consacrer plus de temps et, comme c'est moi qui fais les recherches, je connais les écueils auxquels je me suis déjà heurtés et je peux pousser plus loin mes investigations.

Je fais, pour les médecins qui traitent le plus de cas, un genre de follow-up. Je passe à leur bureau une fois la semaine, je note les noms de leurs délinquants ou des patients qui ont discontinué leur traitement. Ce travail marche de front avec celui du dispensaire et est possible dans une région comme la nôtre où il y a peu de médecins à voir. J'ai de plus obtenu de faire les enquêtes pour tous les cas de gonorrhée qui sont hospitalisés (cas privés ou non). Je prépare les cartes de déclaration et le médecin n'a qu'à indiquer le diagnostic et à y apposer sa signature. Cette façon de procéder est vieille de deux ans, et s'est avérée efficace. Je retrace ainsi des sources que je perdrais autrement. Si je me base

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là-dessus et sur l'accueil qui m'est réservé dans les bureaux des médecins, je puis dire que mes relations avec ces derniers sont bonnes. Il reste néanmoins que, si nous recevions un plus grand appui de la part des médecins en général, notre travail serait grandement facilité. Cependant, on peut s'expliquer un peu l'attitude de ceux-ci si on songe que, dans Chicoutimi, par exemple, abstraction faite des motifs que tous connaissent, le manque de médecins vaut à la profession médicale un indiscutable surcroit de travail. Il y a aussi ce fait que les gens ne tiennent aucun compte des heures de bureau, ce qui amène un désordre réel dans la vie du médecin. Aussi comment voulez-vous que celui-ci soit disposé à faire du travail de dépistage quand il n'a pas trois nuits "rondes" par semaine, qu'il mange sur le pouce et qu'il doit tenir son bureau seul ou avec l'aide d'une personne plus ou moins compétente, ou du moins qu'il ne peut mettre au courant de ses affaires médicales.

Mais si le facteur temps peut être considéré comme un motif sérieux, il y a à côté, un autre facteur que l'on pourrait appeler: la non-adaptation des médecins pratiquants à la médecine préventive. Aussi ne faut-il pas s'étonner si le médecin ne s'intéresse pas au dépistage de la syphilis quand nous savons que le plus grand nombre néglige encore de donner aux enfants, même à ceux qui naissent dans un milieu tuberculeux, le B.C.G. pourtant si recommandé dans la lutte contre la tuberculose, vaccin fourni gratuitement, que la garde-malade va porter à la maison, sans autre dérangement pour le médecin que celui d'en faire la demande par téléphone à l'Unité Sanitaire de son comté.

Ceci m'amène à vous parler du bel appui que je reçois de la part des médecins de l'unité sanitaire. C'est à eux que je confie mes problèmes, mes difficultés quand le sujet est d'ordre local ou qu'il exige une solution rapide, (Montréal est si loin!) et, aussi, quand je prévois que pour arriver à mes fins, le poids de leur autorité me sera nécessaire.

Un beau travail de prévention est fait par les infirmières de l'unité sanitaire, qui sont au nombre de dix. Sur l'avis de leur médecin-hygiéniste, elles ont inclus, dans leurs conseils aux mères de famille, celui de la prise de sang de routine, surtout chez le prénatale. Aux cliniques de puériculture note est prise des bébés d'aspect douteux. Les noms me sont remis et la mère est avisée de ma visite, ce qui facilite grandement mon introduction. C'est aussi avec le concours des médecins hygiénistes que j'ai pu en mars dernier organiser une campagne de prévention des maladies vénériennes dont je vais vous dire un mot.

Je désire auparavant vous parler de la période de construction intense que la guerre a amenée dans notre région. Il y eut alors de nombreux cas d'infections récentes. J'ai relevé des chiffres pour l'année 1943 à ce sujet, mais on ne peut se baser sur eux pour établir des statistiques officielles parce que le plus grand nombre de patients étaient traités chez les médecins privés.

Je me souviens qu'à cette époque je faisais du service d'hygiène publique dans Kénogami-Jonquière. On ne peut se faire une idée de l'encombrement des maisons et de la manière peu humaine dont vivaient un grand nombre de familles dans ces maisons ou dans de petits taudis appelés "Schacks." Avec l'argent et la boisson, la luxure perçait à travers les murs de certaines de ces habitations et je me rappelle que je disais à mes compagnes que l'odeur qui s'en échappait sentait le vice. Deux compagnies de soldats installées à Arvida et près de Shipshaw complétaient avec les camps de la Compagnie Crawley, remplis de filles de service, ce magnifique tableau.

A vrai dire, lorsque je suis entrée à la Division en 1944, cet état de choses était déjà passé à l'état de souvenir, les travaux de Shipshaw ayant pris fin. Les villes de Kénogami, Jonquière, et Arvida plus spécialement touchées par la bourrasque avaient presque repris leur visage d'avant-guerre, mais elles gardaient dans leurs murs un nombre insoupçonné d'infections vénériennes et bien des ans auront passé, et nous découvrirons encore des victimes de ces temps exceptionnels.

Le travail de dépistage devait être alors très difficile si j'en juge par mes débuts dans ce domaine. Il n'y avait pas de prostitution organisée, mais il existait une foule d'endroits louches, et un grand nombre de chauffeurs de taxi jouaient le rôle d'entremetteurs. Ceux-ci et ceux-là ont beaucoup diminué mais il en reste assez pour tenir l'assistance sociale sur le qui-vive. Aujourd'hui cependant, j'ai l'avantage de connaître les coins et les endroits de prédilection de ces gens, et, surtout, je connais les plus populaires des filles de vie; elles aussi me connaissent et ne craignent pas de me suivre au dispensaire, voir même d'y envoyer leurs amies.

Enfin, mon travail, dois-je conclure, est loin de présenter aujourd'hui les difficultés auxquelles j'avais alors à faire face et ce, non seulement parce que j'apporte à son exécution une expérience de près de trois ans, mais aussi, parce que le va-et-vient n'est plus aujourd'hui dans notre région ce qu'il était durant les années 1942-44, la prostitution ne s'opère plus sur une échelle aussi grande, et, détail d'importance, je connais la plupart de "mes" filles de vie.

Pour terminer, voici quelques commentaires sur la semaine de prévention des maladies vénériennes tenue à Chicoutimi en mars dernier. L'assistance très nombreuse que nous avons eue dans toutes les villes nous a donnés une idée de l'intérêt que nos gens portent à la question en même temps qu'elle a démontré l'opportunité de la tenue d'une telle semaine.

Quelques-uns ont exprimé l'opinion que l'espoir de voir se dérouler sur l'écran des scènes sensationnelles pouvait expliquer cette affluence inusité, l'hypothèse est vraisemblable. Il reste néanmoins que le comportement de nos gens durant toutes les séances, l'atmosphère qui régnait dans notre auditoire furent tout ce qu'on peut souhaiter comme saine curiosité et désir d'apprendre. J'ai de plus remarqué, et ceci est significatif, que toute la littérature s'enleva à l'occasion de chacune de ces réunions. Si la campagne n'a pas encore conduit des foules chez le médecin pour un examen de sang, elle a tout de même sonné l'éveil, et la semence, jetée ici et là, portera certainement des fruits. Elle nous assurera, entre autre, un plus grand appui de la part des dirigeants des municipalités et des chefs d'associations dans la lutte entreprise contre les maladies vénériennes.

A Chicoutimi, par exemple, le comité d'hygiène de la ville a demandé que l'on fasse l'examen médical annuel des manipulateurs de denrées alimentaires, examen médical incluant la prise de sang. Ailleurs, la J.O.C. a fait appel à notre service pour les cours de préparation au mariage. J'ai déjà donné le cours sur les maladies vénériennes aux jeunes filles, et le docteur le donnera sous peu aux garçons. Il découle de plus de nos entretiens avec les dirigeants de la J.O.C. et de la J.I.C., que d'autres groupes seront formés et pourront bénéficier des mêmes avantages.

Au dispensaire, comme nous devions protéger l'incognito de nos patients nous ne pouvions pas convier les gens pour des prises de sang périodiques aux heures ordinaires des cliniques. Grâce à la belle collaboration que je reçois de la part de la Rév. Mère Marie de la Miséricorde, il m'a été possible d'offrir à la population des heures supplémentaires, de sorte qu'une propagande pour y amener les gens pourra être faite sans risquer de nuire à nos cliniques. Nous voulions par là encourager aussi les médecins à nous envoyer leurs clients et clientes moins fortunés surtout les prénatales, afin que nul ne soit privé de l'avantage de l'examen du sang. Une lettre à cet effet a été envoyée au président des médecins de l'hôpital de l'Hôtel-Dieu St-Vallier. Il en donnera lecture et la commentera au cours de l'assemblée mensuelle de ces médecins qui aura lieu dans la deuxième semaine de mai. De plus, l'importance des examens de sang prénatals sera exposée à l'assemblée régionale des médecins qui se tiendra à la fin du même mois.

Enfin, en guise de complément à notre semaine de prévention des maladies vénériennes, des séances gratuites de prises de sang seront données dans toutes les villes de ce comté. Ces

quelques initiatives sont un corollaire de notre semaine de prévention et nous espérons que les conférences qui ont été données, de même que les films montrés, auront préparé le terrain et que le succès ne se fera pas attendre.

Avant de terminer, il me fait plaisir de remercier messieurs les directeurs de la division à Montréal pour toute l'aide qu'ils nous donnent. Nous sentons que nous pouvons toujours compter sur leur appui discret et désintéressé, et cette impression, qui nous accompagne dans notre travail, nous est d'un grand réconfort. Je les remercie aussi de m'avoir permis de venir me retremper ici au centre même, d'y rencontrer mes chefs, de faire connaissance avec mes compagnes, lesquelles sauront me faire profiter de leur propre expérience dans le travail ardu qu'est la lutte contre les maladies vénériennes.

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# Alberta's Nursing Aides

RAE CHITTICK

October 1, 1947, was an occasion in nursing history in Alberta for on that date the first ceremony for the presentation of certificates to qualified nursing aides was held in Calgary. It was a fine group of girls, in trim grey uniforms and crisp white aprons, who marched in to take their places at the front of the auditorium. Many friends of the graduates and representatives of interested organizations filled the room to capacity and stayed to congratulate these new entrants into the field of nursing.

As the girls stepped forward to receive their diplomas from the Honorable W. W. Cross, Minister of Health, one sensed the pride of these young women in their accomplishment, and one felt confident that they would go forth to do a good job in the field for which they had been prepared.

Alberta is proud of its school for nursing aides. It is well equipped and efficiently staffed, and it is turning out graduates who are winning high praise from many institutions. Much of the credit for this well-managed school goes to Miss Frances Ferguson, the very capable director. A graduate of the Royal Alexandra Hospital, Edmonton, Miss Ferguson has had a post-graduate course in pediatrics at Children's Memorial Hospital, Montreal, and has had extensive overseas experience. Her energy, enthusiasm, and good spirits set the tone for the whole school and convey tremendous vitality to the project.

Miss Chittick is president of the Canadian Nurses' Association and on the staff of the Faculty of Education at the University of Alberta in Calgary.

*The First Graduating Class of Nursing Aides*

The school, which is sponsored jointly by the Provincial Department of Health and by Canadian Vocational Training, is located in an air force hut on the campus of the Calgary branch of the University of Alberta.

The staff at present consists of the director, three nurse instructors (all registered nurses), a dietitian, and a stenographer. The curriculum has been planned with the co-operation of the Alberta Association of Registered Nurses and an Advisory Committee.

All applicants for admission should be over eighteen and under forty years of age and must have secured at least Grade Nine academic standing or its equivalent. New classes of registrants are accepted every six weeks and to date the total enrolment is one hundred and forty.

The course is of forty weeks' duration. Of this time, the first twelve weeks are spent in classroom instruction in the school, followed by twenty-four weeks devoted to field work. At the close of their field work the students return to the school for four weeks of review and for the qualifying examination. The practical experience is obtained in small municipal hospitals, a small maternity hospital, the Junior Red Cross Hospital for Crippled Children, the Provincial Sanatorium, and homes for the aged — seven practice institutions in all. This field work gives experience in general and maternity nursing, tuberculosis nursing, and in the care of children and of elderly people.

The students receive a subsistence grant in lieu of maintenance while in the school, and, in addition, receive travelling expenses while engaged in field work. Recently, a small dormitory was opened to house thirty students at very small cost to the individual. This dormitory is under the supervision of the Students' Council.

Each student who completes the course successfully receives a certificate and a distinctive arm-band, and becomes eligible to obtain a licence to practise as a nursing aide in the province of Alberta. The fee for this licence, which must be renewed each year, is one dollar.

Those who have been fortunate enough to have the help of licensed nursing aides are enthusiastic about the contribution they are making to the care of the sick in this province, and the demand for their services far exceeds the supply. We hope this school continues to flourish and that other schools may be organized along the successful lines of this first undertaking.

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## Habitual Use of Nose Drops Harmful

Those who have the habit of using "nose drops" day after day are doing themselves more harm than good, says Dr. R. Wesley Wright, Palo Alto, Calif., in the *Archives of Otolaryngology*, published by the American Medical Association.

Dr. Wright cites the cases of patients who have suffered from nasal congestion for as long as four years before discovering that the nasal drops that gave them temporary relief were actually the cause of the discomfort. Sometimes more serious conditions were found, too: loss of the sense of smell; destruction of the nasal membrane. In all the cases that he reports the nasal congestion was relieved from twenty-four hours to a few days after discontinuance of the medication, although in at least one case the sense of smell had not yet returned.

"Vasoconstrictor" is the medical name given to compounds that cause constriction of the blood vessels, thus producing less swelling in the nose and giving a larger opening for the passage of air. But, says Dr. Wright, the use of synthetic vasoconstrictors is likely to bring about nasal symptoms which are often unrecognized as those of drug sensitization. Every time the effects of the drug wear off, the swelling returns to produce even more nasal congestion than before.

"The patient comes complaining of nasal congestion which is constantly present," he writes. "Nasal drops, which ever are being used, will open the nasal passages well, and the breathing space then seems normal, but the congestion returns in about three hours . . . The dependence on the medication is such that the medicament is carried at all times by the patient . . .

"The history of the onset of the condition for which the nasal medicament was used varies. Usually the condition was an acute cold or a recurrent attack of chronic sinusitis. In other instances the onset was the nasal congestion associated with pregnancy . . . The patients were given drops to use until term, but the nasal congestion persisted. During colds they were given drops to use, or obtained them, and though the discharge usually ceased, the patients assumed that the condition had become sinusitis or some other chronic nasal condition."

— *Health News*

# Nursing Profiles

**Muriel Archibald** has joined the staff at our National Office to assume responsibility for the numerous statistical studies the Canadian Nurses' Association is called upon to make. A Nova Scotian by birth, Miss Archibald graduated from the Toronto General Hospital in 1930. After three years in private duty in Toronto, she became matron of a nursing home in Trinidad. She enrolled in the University of Toronto School of Nursing and received her certificate in teaching and administration in 1939. For the next two years Miss Archibald was instructor at All Saints' Hospital, Springhill, N.S., followed by two years of teaching the science subjects in the school of nursing of Jeffery Hale's Hospital, Quebec. In 1944, she became science instructor in the Phillips School of Nursing, Homoeopathic Hospital, Montreal.

In addition to her nursing background, Miss Archibald has pursued an intensive study of statistical methods at McGill University. This qualification has provided her with the essential tools for interpreting the various studies to the nurses of Canada and to the general public.

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**Edith Davis Kemp,** who was born in Hamiota, Man., of English parentage and was educated in Nelson, B.C., and Camrose, Alta., has been appointed superintendent of nurses at the Provincial Mental Hospital in Ponoka, Alta. Miss Kemp graduated from the P.M.H. and the Royal Alexandra Hospital, Edmonton, in 1936. In 1941, she took the post-graduate course in neurological and neurosurgical nursing at the Neurological Institute, Montreal, followed by the course in administration in hospitals and schools of nursing at the McGill School for Graduate Nurses. Her experience includes general duty and headnurseship at the Provincial Mental Hospital; matron, Claresholm Auxiliary Hospital; assistant superintendent of nurses at Provincial Mental Hospital, Ponoka, and at the Hospital for Mental Diseases at Brandon, Man. In 1943, Miss Kemp became executive assistant in the Department of Nursing, Vancouver General Hospital, in charge of the rotation of students and clinical experience. This broad background gives her a very clear insight into the problems of administration which will arise in her new position.

Miss Kemp is enthusiastic about outdoor sports, chiefly riding, swimming, and hiking. She loves to garden when she can find a spot to grow flowers.

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**Katherine M. Weatherhead** has been appointed educational director and supervisor of the central district of the Montreal Branch of the Victorian Order of Nurses. Born in Winnipeg, Miss Weatherhead graduated from the Winnipeg General Hospital in 1938. After a brief period of general duty at her home school and at the Mountain Sanatorium in Hamilton, Miss Weatherhead

MURIEL ARCHIBALD

EDITH KEMP

enrolled for the course in teaching and supervision in schools of nursing at the McGill School for Graduate Nurses. In 1942, she returned to the Winnipeg General Hospital as instructor in bacteriology and nursing arts; a year later she joined the V.O.N. being assigned to the Kitchener Branch.

In 1946, Miss Weatherhead received a V.O.N. scholarship for advanced study at Teachers College, Columbia University, where she received her B.S. degree in public health nursing last year.

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**Elizabeth Cockayne,** matron of the Royal Free Hospital, London, Eng., has been appointed Chief Nursing Officer Designate at the British Ministry of Health. Miss Cockayne has become very well known in recent months in the nursing profession as one of the two nurses on the Working Party for the Recruitment and Training of Nurses. She has been matron of the Royal Free Hospital for eleven years.

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**Agnes Isabel Tennant, R.R.C.,** has been appointed director of the Medical Social Service Department, Central Division of the Montreal General Hospital.

Born in Lachine, Que., Miss Tennant was educated in Montreal and received her Bachelor of Arts degree from McGill University in 1938. She graduated from the Montreal General Hospital in 1934, then joined the staff of the Royal Edward Laurentian Hospital at Ste. Agathe where she received a certificate in tuberculosis nursing.

In 1938 she completed the work for her certificate in teaching and supervision at the McGill School for Graduate Nurses and accepted a position as head nurse in the medical ward at M.G.H. In 1941 she enlisted with the R.C.A.M.C. and saw service in Canada, England, and Belgium. She was awarded the Royal Red Cross in 1945 for distinguished service and held the rank of major (principal matron) at the time of her discharge from the service in November, 1945.

The social aspects of medical care appealed very strongly to Miss Tennant with the result that she enrolled in the social work course at McGill University, completing the requirements for her Bachelor of Social Work in 1946. She had been engaged as case worker at the Royal Victoria Hospital, Montreal, and at Grace-New Haven Community Hospital, New Haven, Conn., prior to her present appointment.

*Adolphe, Montreal*

KATHERINE WEATHERHEAD

**Anna Fillmore** of New York has been appointed general director of the National Organization for Public Health Nursing to succeed Ruth Houlton.

Miss Fillmore has been with the Visiting Nurse Service of New York since 1940. Previous to that year she was director of the Bureau of Public Health Nursing in the Utah State Health Department and assistant director of the American Nurse Association of New York.

AGNES TENNANT

*Notman, Montreal*

MARION NASH

**Marion Elizabeth Nash,** who has been associated with the Victorian Order of Nurses for twenty-five years, retired on December 31, 1947, from the position of educational director of the Greater Montreal Branch.

Born in Hamilton, Ont., Miss Nash graduated from the old Western Hospital, Montreal, in 1910. She engaged in private duty nursing for ten years then qualified for her public health nursing certificate from the McGill School for Graduate Nurses and joined the Montreal branch of the V.O.N. She has held positions of staff nurse, supervisor, and eventually educational director. She received her Bachelor of Science degree, majoring in supervision in public health nursing, from Teachers College, Columbia University.

Through these years Miss Nash has had the opportunity of planning and carrying out programs with graduate and undergraduate students and of interpreting Victorian Order policies to nurses, many of whom are now scattered across Canada. Her influence will long be felt, not only in Victorian Order service but also in those organizations to which the nurses whom she has taught have gone.

Miss Nash has always taken a keen interest in association activities. She has served for many years on the Board of Management of the Association of Nurses of the Province of Quebec and is at present a member of the Committee on Instruction. For the past few years Miss Nash has assisted as a part-time instructor in public health nursing at McGill University. Though she has retired from the strenuous demands of her work with the V.O.N., Miss Nash is continuing to take an active interest in nursing and hopes to make further noteworthy contributions in the years to come.

CHARLOTTE SPACKMAN

**Charlotte Ellen Spackman** has retired from her position as night supervisor of nursing at the Vancouver General Hospital where she has given twenty-five years of unexcelled, devoted service.

Born in Grand Bend, Ont., Miss Spackman taught school in Prince Albert, Sask., before commencing her training at the Vancouver General Hospital. Shortly after graduation in 1925, she was made assistant night supervisor and seven months later assumed the position from which she has just retired. Through the years, as the hospital continued to grow, Miss Spackman's responsibilities increased, but she was never flustered nor did she ever seem to hurry but she was "always in the right place at the right time."

Miss Spackman's plans call for the open spaces and that "little place in the country" that is the dream of so many. She loves all sorts of handicrafts and gardening so she will have full days when she finds the spot where she wants to settle. Our good wishes for her continued happiness follow her.

## Exercise of Leg Muscles

A precaution concerning bed care that is applicable to all patients, noncardiac and cardiac alike, who are to stay at rest for any considerable time, is to have them exercise their legs frequently during the day. For the same reason, daily massage to the legs is desirable. The purpose is to prevent thrombosis of leg veins and possible subsequent pulmonary emboli. — LEVINE

# Notes from National Office

## Biennial Convention, 1948

All roads will lead to the little town of Sackville, New Brunswick, the last week of June, 1948. Why? Don't you remember the announcement that appeared in these colums last October concerning the new program being planned for the twenty-fourth biennial convention of the Canadian Nurses' Association to be held at Mount Allison University? "Workshops" was the term used for the morning sessions to be held throughout the week of June 28-July 1.

*Characteristics of the Workshop:*

1. Provides opportunity to work intensively on problems which have arisen out of nurses' own professional experience.

2. Methods are nurse-centred and practical — nurses work individually or in groups.

3. All activities are selected as a result of consultation between the nurses and leader; only activities which are relevant to nurses' particular problems and which contribute to solution of these problems are scheduled.

4. Small group meetings are arranged for those interested in the same problem and large group conferences for those interested in similar problems.

5. Time is made for individual conferences with the consultant.

As registration in each Workshop is limited to fifty, nurses are requested to register beforehand through National Office for Workshops, as follows: Select at least three of those you would find most helpful *stating first, second or third choices.* Nurses are also requested to submit problems for the Workshop in which they wish to participate—written problems should accompany the request for registration. The suggested topics for these Workshops offer sufficient scope to challenge the interest of every member of the nursing profession.

Monday, June 28, will be given over entirely to the opening session of the convention followed by the presidential address and reports. It is hoped that at the afternoon session a consultant of one of the Workshops will address the entire assembly. Beginning Tuesday, June 29, through Thursday, July 1, Workshops will be conducted each morning from 9:00 to

| Workshop | Consultant |
|---|---|
| Counselling and Guidance | Miss Mary Salter, Ph.D., Department of Psychology, University of Toronto. |
| Personnel Administration | Miss Nellie Gorgas, Director, St. Barnabas Hospital, Minnesota. |
| Public Relations | Dr. E. L. Bernays, New York. |
| School of Nursing of the Future | Miss Lucile Petry, Director, Nursing Division, U.S.P.H.S., Washington, D.C. |
| Adventures in Bedside Nursing | Miss Ella Howard, University of Toronto School of Nursing. |
| Staff Education | Miss Gladys Sharpe, Director, School of Nursing, McMaster University. |
| Tests and Measurements | Dr. H. D. Southam, Director of Education, Mount Allison University. |
| Job-in-Training | Miss M. Nash, formerly Educational Director, V.O.N., Montreal. |
| Newer Methods of Teaching | Miss E. McDowell, Dean of Nursing, University of Western Ontario. |

12:00. The afternoon sessions will consist of general business meetings of the association. The Mary Agnes Snively lecture will be given at the banquet on Wednesday, June 30. The registration fee of $5.00 will cover the cost of the Workshop booklets which will be provided to every member, and will also include the cost of any materials used for the Workshops. Plans are underway for several social events and these will be announced at a later date.

Mention has already been made in a previous issue of the *Journal* of the special invitation which is being extended to schools of nursing across Canada to plan to have at least one member of their student body attend this biennial convention of the Canadian Nurses' Association. It is suggested that students attending the convention would choose one Workshop to attend or permission would also be given for them to circulate among those already provided.

## Travelling Arrangements

Arrangements are being made, through the Canadian Passenger Association, for reduced fares for nurses attending the biennial convention. Please read carefully the following conditions under which Convention Fares will be granted on Certificate Plan. It will save you a considerable sum of money to follow this pattern:

Reduced fares will be granted between stations in Canada, east of and including Armstrong, Ont., Fort William, Ont., Sault Ste. Marie, Ont., and the St. Clair and Detroit Rivers, to persons in regular attendance at meetings or conventions, on prior arrangement with the Chairman of the Canadian Passenger Association.

When Certificate Plan fares have been granted, and an expected attendance from Western Canada has been indicated on the application form, the arrangements outlined below will be tendered to lines in that territory through the Vice-Chairman, Canadian Passenger Association, Western Lines, Winnipeg, Man. In the event of Western Lines concurring, certificates issued in that territory will be honored in accordance with the following conditions, unless otherwise advised, and except that the authorized dates of sale will be arranged to suit requirements.

Persons attending must purchase one-way regular first class or coach class tickets (the fare for which must not be less than 75 cents) to the place of meeting (or to nearest junction point, if through ticket cannot be obtained), and secure a receipt to that effect on a Standard Certificate form, which must be presented to the convention secretary at the place of meeting, immediately upon arrival.

*Ticket agents are supplied with Standard Convention Certificates (Form 24) and are instructed to issue them on application.*

The secretary of the meeting must fill in all particulars called for on each Standard Certificate, certifying over his personal signature that the person named on the Certificate attended the meeting, and stating the number of persons, coming to the meeting, who have paid fare to a member line of this Association, and hold properly receipted Standard Certificates.

If the certificates presented do not total up to the number (75) required to make the reduction in fare effective, round trip tickets of all classes will be counted towards making up such minimum number, provided:

(a) They were sold prior to or on the dates of sale authorized under Certificate Plan for the meeting in question.

(b) They read to the place of meeting, from a station from which the one-way fare of the class used is 75 cents or more.

(c) The secretary of the meeting certifies that the holders thereof are members of the organization for which Certificate Plan fares have been authorized.

After the secretary of the meeting has complied with the conditions mentioned, a special agent of the transportation companies will attend the meeting for the purpose of validating properly receipted Standard Certificates, provided 75 or more persons are in attendance holding such Certificates or return portions of acceptable round trip tickets, as specified. At that time he will collect the charge of 25 cents referred to below; that charge will not be collected when the attendance, as defined above, is 74 or less.

On surrender of Standard Certificates, properly filled in and executed, to the ticket agent at the place of meeting (or at the nearest junction point, if that was the destination of the ticket for the going journey) at least 30 minutes before the scheduled leaving time of the train, tickets for the return journey, of the same class as used on the going trip,

will be issued by the same route at the fares set forth below, on the conditions specified on the certificate.

If **75 or more** are in attendance, holding properly receipted Standard Certificates as certified by the secretary, or acceptable round trip tickets, holders of **validated** certificates will be returned to their original starting points at **one-third** of the one-way normal first class or coach class fare (whichever was paid on the going journey) **plus 25 cents** (the 25 cents having been paid to the Special Agent at the time of validation).

If **74 or less** are in attendance, holding properly receipted Standard Certificates as certified by the secretary, or acceptable round trip tickets, the holders of such certificates (not validated) will be returned to their original starting points at **four-fifths** of the one-way normal first class or coach class fare (whichever was paid on the going journey).

Tickets for the return journey will be limited to 30 days after the date of sale of the ticket for the going journey, as shown on Standard Certificate. Stop-overs will be allowed in conformity with tariff regulations.

*Certificates will not be honored:* (a) If the going ticket has been purchased on any other date than those authorized for the issuance of certificates for the meeting. Tickets issued on certificate plan are good, generally, not more than three days (not counting Sunday) prior to the agreed opening date of the meeting, and on the first three days of the meeting (not counting Sunday). (b) If the holder has paid less than the one-way normal coach class fare for the going journey. (c) If the holder has paid less than 75 cents as fare for the going journey. (d) If issued for a meeting for which no Certificate Plan fare has been authorized. (e) If not properly executed at the meeting by the authorized officer of the convention. (f) Unless presented to ticket agent at the place of meeting on a date authorized for the honoring of certificates. These are good, generally, for the purchase of return tickets, not more than three days (not counting Sunday) after the agreed date of adjournment of the meeting. (g) Unless presented to ticket agent not less than **30 minutes** before the train is due to leave.

If the meeting is held at a point reached by two or more lines, the total number of persons, in attendance, *travelling by all lines*, will be counted towards the required minimum.

Certificates are not transferable, and will be dishonored and confiscated if transferred.

No refund will be made of fares paid because of the failure of passengers to obtain certificates or to observe the requirements of same.

The transportation lines can recognize certificates only after all governing conditions have been complied with, and are in no way responsible for any charges which may be exacted by an organization for membership or otherwise.

Persons attending the meeting should be fully instructed in advance respecting the Certificate Plan reduction. The official organ of the society, or a special circular, may be availed of for this purpose, but Certificate Plan reductions must not be given public announcement (i.e., newspaper, billboard, etc., advertising), within or without the territory covered by this agreement.

**No reduction can be thoroughly effective unless all conditions are complied with at least 15 days before the opening date of the meeting.**

## Nursing Activities in Britain

The Royal College of Nursing in Britain recently announced that a resolution, requesting that an International Student Nurses' Association be formed, had been submitted to the International Council of Nurses at the request of the Student Nurses' Association of Britain. If and when this resolution is accepted, the student nurses of Canada will no doubt want to become a part of an International Student Association. Why not begin by having the student nurses in Canada learn more about their own National Nursing Association?

The Royal College of Nursing has also announced the receipt of a generous cheque for £30,000 from the nurses of South Africa, to provide a further Rest-Break House for nurses in the north of England.

## I.C.N. Congress Plans

Although the next I.C.N. Congress in Sweden in June, 1949, still seems a long way off, difficulties in securing accommodation for travel necessitates early action on the part of those who contemplate going. At the last meeting of the C.N.A. Executive Committee, the matter of making travel

arrangements for nurses from Canada was turned over to the individual provincial associations of registered nurses. For official information regarding these plans, therefore, will the nurses desiring information please write to their own provincial executive secretary. Start your enquiries early.

## Notes du Secrétariat de l'A.I.C.

LE CONGRÈS BIENNAL DE 1948

En la dernière semaine de juin tous les chemins mèneront cette fois, non pas à Rome, mais à Sackville au Nouveau-Brunswick, pourquoi me direz-vous?

Si vous avez lu les notes du secrétariat d'octobre dernier, déjà l'on vous donnait un aperçu du programme en préparation pour le 24e congrès biennal de l'Association des Infirmières du Canada. Cette réunion aura lieu à l'Université Mount Allison.

Des cercles d'étude seront tenus durant les séances du matin du 28 juin au 1er juillet.

*Les cercles d'étude:* (1) Donnent l'occasion d'étudier d'une manière plus particulière, les problèmes qui se présentent au cours du travail de l'infirmière. (2) Les méthodes employées sont d'ordre pratique et l'infirmière est le pivot autour duquel tout ce concentre. Les infirmières peuvent travailler seules ou en groupes. (3) Les sujets d'étude présentés ont été choisi de concert entre les infirmières et des spécialistes. Les problèmes propres aux infirmières seulement sont l'objet d'étude et tout ce qui peut contribuer à leur solution. (4) Les personnes s'intéressant au même problème se réunissent par petits groupes, par la suite, une conférence sur le sujet étudié par le petit groupe est donnée à toutes celles que le sujet intéresse. (5) Il y aura des entrevues entre les membres du cercle d'étude et l'expert consulté.

Chaque cercle d'étude ne sera composé que de cinquante membres. Nous demandons donc aux infirmières de s'inscrire à l'avance aux cercles d'étude et en s'adressant au secrétariat national.

Choisissez au moins trois cercles d'étude susceptibles de vous intéresser, indiquant votre premier choix et à défaut, un deuxième et un troisième.

On demande aux infirmières de soumettre par écrit l'étude des problèmes auxquels elles désirent prendre part, en même temps qu'elles s'inscriront au secrétariat. Les suggestions déjà reçues semblent matière à intéresser tous les membres de la profession.

La journée du lundi 28 juin sera entièrement consacrée aux séances d'ouverture, présentation de l'adresse de la présidente et des rapports. On espère que l'un des experts présidant un des cercles d'étude sera au programme. A partir de mardi le 29 juin, jusqu'au jeudi 1er juillet, il y aura séances

**Cercles d'Etude**

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| Orientation | Miss Mary Salter, Ph.D., Department of Psychology, University of Toronto. |
| Direction du personnel | Miss Nellie Gorgas, Director, St. Barnabas Hospital, Minnesota. |
| Relations publiques | Dr. E. L. Bernays, New York. |
| Ecole d'infirmières du futur | Miss Lucile Petry, Director, Nursing Division, U.S.P.H.S., Washington, D.C. |
| Les aventures d'une infirmière au lit du malade | Miss Ella Howard, University of Toronto School of Nursing. |
| Education du personnel | Miss Gladys Sharpe, Director, School of Nursing, McMaster University. |
| Tests et mensurations | Dr. H. D. Southam, Director of Education, Mount Allison University. |
| L'enseignement clinique en hygiène publique | Miss M. Nash, formerly Educational Director, V.O.N., Montreal. |
| Nouvelles méthodes d'enseignement | Miss E. McDowell, Dean of Nursing, University of Western Ontario. |

des cercles d'étude de 9:00 a.m. à 12:00. L'inscription sera de $5.00 et donnera droit aux livrets sur les sujets à l'étude et à tout ce qui sera nécessaire à chaque cercle d'étude.

Dans l'après-midi, des séances générales auront lieu. La conférence donnée pour honorer la mémoire de Mary Agnes Snively, fondatrice de l'Association des Infirmières du Canada, aura lieu lors d'un banquet le mercredi 30 juin. Les événements sociaux seront annoncés plus tard.

Une motion, déjà publiée dans un numéro antérieur de cette revue, consistant en une invitation spéciale faite à toutes les écoles d'infirmières du Canada, d'envoyer au moins une de leurs élèves au congrès de l'A.I.C. Il est suggéré que les étudiantes fassent le choix du cercle d'étude auquel elles désirent assister, ou bien on leur accordera la permission de prendre part aux cercles déjà organisés.

*Conditions de voyage:* Des démarches sont faites avec la "Canadian Passenger Association," 437 rue St-Jacques ouest, Montréal 1, concernant les taux de faveur accordés aux infirmières désirant prendre part aux congrès.

Ces infirmières devront remplir une formule spéciale émise par les agents de billets (formule 24) qui sont autorisés à les donner sur demande. Ces formules doivent être contresignées par la secrétaire du congrès dès les premiers jours.

La secrétaire du congrès doit donner tous les renseignements demandés sur ces formules, certifiant, sur foi de sa signature, que la personne dont le nom est inscrit sur la formule est celle qui assiste au congrès, donnant le nombre de personnes assistant au congrès, le nombre de celles ayant présenté une formule ou certificat, etc.

Durant le congrès, un agent spécial de la compagnie de transport examinera tous les certificats donnés par la secrétaire du congrès afin de s'assurer de leur validité. Ces certificats donneront droit à une réduction importante sur le billet de retour, aux conditions suivantes:

(a) Que 75 personnes au moins prennent part au congrès.

(b) Que les billets soient vendus à la date autorisée par la compagnie de transport en vue du congrès.

(c) Que le coût du billet soit d'au moins 75 sous.

(d) Que la secrétaire du congrès, certifie sur la formule 24, que le porteur du certificat fait partie de l'Association des Infirmières du Canada.

(e) Les billets de retour ne seront valides que pour 30 jours après leur émission.

(f) Lorsque plusieurs lignes de chemin de fer conduisent à l'endroit du congrès, toutes les personnes assistant au congrès seront comptées indifféremment de la ligne par laquelle elles voyagent. Les certificats émis sont strictement personnels.

Les personnes devant assister au congrès peuvent obtenir tous les renseignements nécessaires concernant la réduction accordée par les compagnies de chemin de fer mais aucune annonce publique, par exemple, faite dans les journaux, n'est permise. Tous les arrangements doivent être conclus quinze jours avant l'ouverture au congrès.

### En Grande-Bretagne

Le Collège Royal des Infirmières de Grande-Bretagne a reçu dernièrement une résolution demandant que l'on forme une association international d'élèves infirmières. Cette résolution a été soumise au Conseil International des Infirmières.

Si cette résolution est jamais acceptée, les élèves infirmières canadiennes voudront faire partie de cette organisation.

Pourquoi ne pas commencer dès maintenant, organiser une association d'étudiantes-infirmières au Canada?

Le collège a reçu la somme de £30,000 de la part des infirmières de l'Afrique du Sud pour l'établissement d'une maison de repos pour les infirmières.

### Congrès International

La date de juin 1949 semble loin pour s'occuper déjà de ce congrès mais les difficultés de transport pour la Suède s'annoncent si grandes, que les infirmières désireuses d'assister à ce congrès feraient bien d'y penser dès maintenant.

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## M.L.I.C. Nursing Service

*Gertrude Lapointe* (St. Vincent de Paul Hospital, Sherbrooke, and University of Montreal public health course) has been transferred from Joliette to St. Hyacinthe where she will be in charge of the Metropolitan Life Insurance Company's nursing service. *Stella Power* (St. Luke's Hospital, Ottawa) has retired from the Montreal staff.

# STUDENT NURSES PAGE

## Meningitis

EILEEN TRACEY

ARNOLD, aged three years, an only child, was carried into the Isolation Building on an early afternoon in October. The first glance told us that this child was dangerously ill. His eyes were rolling, his breathing rapid and shallow, and his entire body was trembling. His parents, who appeared to be young, middle-class people, stated that he had been nauseated and had vomited the day before and complained of a sore throat. His admission temperature was 101.6° (rectally), pulse 168, and respiration 44. He was a very handsome little fellow, with corn-colored hair and big blue eyes, with the appearance of having been a chubby, healthy, little boy. A lumbar puncture was done immediately by Dr. J. As Arnold's spinal fluid was very thick and purulent, and his spinal pressure 285, Dr. J said that the case was strongly suggestive of acute meningococcus meningitis. On receiving the laboratory technician's report, we learned that there were 250 white blood cells per cubic millimetre in his spinal fluid.

As Arnold's tissues were much dehydrated because of his advancing temperature (it rose to 102.2° within a few hours) we began at once to force fluids; he took them fairly well. He was put on penicillin, his first dose being 20,000 units at 5:00 p.m., repeated at 6:00 p.m., and continued every three hours.

As his head was badly retracted and his back very stiff, it was difficult to turn him and he cried out in pain whenever he was touched. We placed him on his side without a pillow, in order to make it easier to give him the penicillin, which he most certainly did not appreciate. He let us know this by squirming and kicking about in bed whenever he saw us coming with a needle, and warned us that Mama and Daddy would be told of us "being bad to him" and they would certainly "fix us" when he told them. Besides penicillin injections, he also received 1½ cc. of Soludagenon every six hours. Needless to say his small buttocks strongly resembled a pin cushion in a very few days.

During his first night in hospital he became very restless around midnight, and began to vomit the water given to him. The emesis was greenish-brown in color. This vomiting continued during the second day, so in the morning he was given an intravenous of 300 cc. of glucose saline. Dr. H injected 10,000 units of penicillin into his spinal fluid. We kept on giving him sips as he cried for water very often. As all drinks were almost immediately vomited, in the afternoon he was given another intravenous. The veins in his arm were surprisingly good for such a small boy. Using a hypodermic needle, the doctor began the intravenous which ran very slowly and little Arnold had both his hands tied securely to the side of his bed until nine the next morning. Regardless of whether he liked it or not, the intravenous did him a great deal of good, even if we nurses were

Miss Tracey is a student nurse at the Victoria Public Hospital, Fredericton, N.B.

busy changing his wet bed every hour.

On the third day he was given a small soapsuds enema, with excellent results both of feces and flatus. After this cleansing, a rectal glucose saline was started which he retained very well. The same day he also retained fluids and we were very much pleased when he ate a full bowl of soup. He seemed much brighter that day, slept well that night, and talked very brightly the next day about the nice rag doll we gave him.

It was on the fourth day that we began having trouble with his lips. Because of his high temperature, which ranged from 102° to 104° continuously, his mouth was dry and his lips cracked and swollen. As he picked at them continuously, and often made them bleed, we had to tie his hands loosely at the sides of the bed so he could not reach his mouth. We cleansed the inside of his mouth with lemon juice and glycerin and applied glycerin to his lips. They improved gradually and were nicely healed in a week's time.

Arnold was very interesting to nurse as we could see an improvement each day. He became much brighter, talked to us, and even took his penicillin very quietly when we explained it was making him better. We became very fond of him as he was such a good little boy. He never cried for his parents, he slept well, and did whatever he was told, which I have found is quite unusual for a three-year-old, especially one as sick as Arnold was. The sad part, however, was that, although his appearance was so much better, his symptoms persisted and seemed to get steadily worse. His lowest temperature was 98.4° which occurred only once in his third day. After that it was never below 100 degrees.

His sulfonamide treatment was discontinued on his fourth day, as his urine contained sulphonamide crystals and his buttocks were so sore. He was given soda bicarbonate gr. 5 every six hours to counteract the sulfonamide. We crushed this and mixed it with sugar and water, and he took it very well.

We all loved to bathe Arnold, as he looked so nice when he was fixed up and had his hair combed. We bathed him often as his bed was soaked a good many times, because of the fact that he didn't like the urinal and would throw it on the floor at our every attempt to get him to use it.

He had four lumbar punctures in all, and his white blood count rose steadily, reaching 356,000 cm. on his final test on November 12. He had three hypodermoclyses and five intravenous salines in all, but he grew steadily worse in spite of all our attempts to save him.

On November 11, the culture of his spinal fluid was extremely suggestive of influenzae instead of meningococci as the etiological agent. As influenzae meningitis is caused by a virus, very little explanation should be necessary, as we all know that very, very little is known about the virus. On the culture of Arnold's spinal fluid, no organism of any kind grew, and, because the virus has never been grown on lifeless culture media, it was very strongly suspected to be the trouble-maker. This diagnosis was supported by his failure to react to penicillin and sulfa, which have no effect on a virus. From this day on he began to go rapidly down hill.

On November 13, after one of his best nights, he seemed to suffer a relapse. He became semi-conscious, his head was greatly retracted and his body trembling. That day he took only ten ounces of fluid by mouth, so he was given an intravenous of 10 per cent glucose.

The next day the serum, which had been sent for, arrived from Montreal. He was given one vial of Anti-Hemophilus Influenza Serum Type B, which apparently arrived too late to save him. This serum was repeated on November 15, but by that time we had given up all hope of his recovery. His temperature rose to the highest level I have ever seen — 106 — 106.4 — 107 — 107.4 — and finally reached 108 the night before he died.

The last four days of his life were dreary ones to us, because we, as

nurses, could do nothing whatsoever to help him. Our hopes had been so high that he would recover, but he died quietly on Sunday afternoon.

There may be a day when something more positive can be done to save the lives of those who suffer from this dread disease. Then we shall not have to stand around with our hands tied and watch them die.

## In Memoriam

**Orpha Adelle Burn,** who graduated from the Toronto General Hospital, and took post-graduate work in Montreal, died on December 9, 1947, after a brief illness. For a time following graduation she engaged in private duty nursing in Toronto and later joined the staff of the Presbyterian Hospital, New York. Recently she had been industrial nurse with the Western Electric Company in New York City. A gifted musician, Miss Burn had assisted in the entertainment of the troops at Lone House, New York, during World War II.

**Ida Muir Carr,** who graduated from the Hamilton General Hospital, Ont., passed away very suddenly. Following graduation, Miss Carr engaged in private nursing for some time and then accepted the position of nursing supervisor at Ridley College, St. Catharines, Ont. During World War I she enlisted with the Canadian Army Medical Corps and served with Canadian field hospitals in England and France. After her discharge from the services, Miss Carr was named superintendent of the Protestant Children's Home in Toronto. Subsequently she was for ten years matron of the Children's Aid in Oshawa. Latterly Miss Carr had been doing private duty nursing in Toronto.

**Annie Elizabeth Crowther,** who was a pioneer nurse in the Kootenays in British Columbia, passed away in Nelson at the age of eighty-nine. A native of England, Mrs. Crowther came to Canada in 1911. She was active years ago as a member of the Graduate Nurses' Association, of the Women's Institute, and in amateur theatricals.

**Jessie Gordon Findlay,** who was born in Quebec and who received her nursing training at Post Graduate Hospital, Chicago, graduating in 1904, died recently in Killam, Alta., at the age of seventy-five years. Miss Findlay had engaged in nursing in Chicago, Toronto, and Walkerton until ill health forced her to retire in 1941.

**Mabel Clara Harrison** died recently in Vancouver. Mrs. Harrison served in France for three years with the Canadian Army Medical Corps, then was with the Red Cross in England until after the end of World War I. She formerly resided in Timmins, Ont.

**Sarah Selina (Steeves) MacCoubrey,** who served overseas during World War I, died recently in Saint John, N.B.

**Helen Palmer,** of Wallaceburg, Ont., died recently, after an illness of over ten years, in her eighty-sixth year. During World War I she served as a nurse with the United States Army Medical Corps.

**Mabel Evelyn Pearen,** a graduate of Grace Hospital, Toronto, died suddenly on December 15, 1947, in Toronto. Miss Pearen had been engaged in private duty nursing for many years.

**Elsie Eleanor (Boland) Sheridan,** who graduated from the Toronto General Hospital in 1910, died on August 21, 1947.

**Jessie Burr (Campbell) Wilkins,** who trained in New York City, died in Toronto on December 13, 1947, after a lengthy illness, in her seventy-eighth year. Mrs. Wilkins was one of the first to take an active part in the Neighborhood Workers' Association. She formed and was president of the Personal Service Club, a voluntary organization formed to assist those with problems.

'Tis not the dying for a faith that's so hard, Master Harry — every man of every nation has done that — 'tis the living up to it that is difficult.— THACKERAY in *Esmond*.

# Book Reviews

**How to Interpret Social Welfare** — a Study Course in Public Relations, by Helen Cody Baker and Mary Swain Routzahn. 141 pages. Published by Russell Sage Foundation, 130 East 22nd St., New York City 10. 1947. Illustrated. Price (in U.S.A.) $2.50.

Designed primarily to assist the social worker to develop community understanding of her work through the use of the various media at her command, these same tools with minor adaptations can be used by the various fields of nursing in developing their public relations programs. The three forms developed in this book include the spoken word, the written word, and through pictures.

The opening chapter identifies the public whom the worker wants to reach. Eight different levels of interest are represented in this public: agency family — board and committee members; volunteers; clients who use the agency's services; co-operators — other organizations in the community; supporters — the contributors and special members or friends; key persons — leaders in kindred fields; special publics, such as racial or cultural groups, students, veterans, etc.; the general public, including everybody. How should each of these groups be reached? The book is rich in suggestions, topics for detailed discussion, assignments for practice, and techniques which need to be encouraged to develop satisfactorily.

If we were to insert "nursing" or "nurses" instead of "social work" or "workers" in the following paragraph, we would see that every nurse has a role to play, even in her conversations with her patients and her friends:

"If in each daily contact you leave the impression that social workers are honest, competent people, claiming no divine right to remake the world, and able to appreciate the other person's point of view; that social work is skilled and important work; and that the people served by social work are no better and no worse than other folk, but just a cross section of the human race, then you will have made a long step in good public relations."

We are "inclined to think of public relations as something that can be turned over to experts." It is time nurses studied the techniques. This book will provide material for a winter's session of staff conferences whether in a public health agency or a hospital. Student nurses should be given an opportunity to learn how to interpret nursing's aims and activities to the public. Here are some of the tools.

**Essentials of Pharmacology**, by F. K. Oldham, M.Sc., Ph.D., F. E. Kelsey, Ph.D., and E.M.K. Geiling, Ph.D., M.D. 440 pages. Published by J. B. Lippincott Co., Medical Arts Bldg., Montreal 25. 1947. Illustrated. Price $5.50.

*Reviewed by Jorgine Salte, Science Instructor, Moose Jaw General Hospital, Sask.*

This book contains advanced information on pharmacology. Each drug is dealt with in an interesting and informative manner, particularly the more recent drugs, such as penicillin, streptomycin, tyrothricin, and dicumarol. A short history of each drug is included which adds to the understanding of it. The drug actions are dealt with by describing their effect on the tissues of the body. These two features make it particularly valuable for the instructor in pharmacology.

The important points, however, do not seem to stand out because of the long sentence structure and the "padding" of minor details. Chemical formulae are given for all drugs which may occasionally be referred to in schools of nursing. The dosages are given in the metric system and the tables and charts appear confusing and difficult.

The book would be difficult to use as a text because it is lacking in interest for students. However, it would aid the instructor in preparing her lectures for it contains information which is difficult to obtain from other sources. It would also be of value in ward libraries.

**Principles and Practice of Clinical Instruction in Nursing,** by Deborah MacLurg Jensen, R.N., B.S., M.A. 578 pages. Published by The C. V. Mosby Co., St. Louis 3. Canadian agents: McAinsh & Co. Ltd., 388 Yonge St., Toronto 1. 2nd. Ed. 1946. Price $4.50.

*Reviewed by Agnes Lysne, Nursing Arts Instructor, General Hospital, Everett, Wash.*

Mrs. Jensen's background of experience in schools and hospitals, plus years of teaching graduate courses, gives her keen insight into needs of instructors in schools of nursing.

This book is a revision of the 1942 edition, and it meets new situations that have arisen in the intervening years. The return of many nursing sisters to civilian nursing led Mrs. Jensen to add material concerning the planning of graduate work as well as student work.

The author has a definite purpose in this book. She is very aware of the dual role of head nurses in that the problems of nursing service and nursing experience must be met. At the beginning of the book she deals with ward administration, since a ward must be well organized before a teaching program can be started. She urges the instructor to use real situations for effective teaching. She shows us that planning for experience in service does not decrease the contribution to that service.

Mrs. Jensen devotes considerable time to the various methods of clinical teaching. She cites practical uses of libraries, pamphlets, bulletin boards, etc. The bibliography at the end of each chapter has a great deal of useful reference material. Unit IX of the book has several chapters by experts in the field on clinical teaching as they carry it out in their respective situations.

The mechanical make-up of the book is such that it is easy to read. The type is large and important headings stand out clearly in bold print. The book is divided into large units and each unit is broken up into chapters. This presents the material in a concise manner and makes reading it enjoyable.

**Face Powder and Gunpowder,** by Jean M. Ellis with Isabel Dingman. 229 pages. Published by S. J. Reginald Saunders & Co. Ltd., 84 Wellington St., W., Toronto 1. 1947. Illustrated. Price $2.50.

Another chapter has been written in the large volume which records Red Cross service during World War II by the appearance of Jean Ellis' experiences as one of their Welfare Officers, in which role she was one of the three Canadian Red Cross girls to land in Normandy soon after D-Day.

Enlisting for overseas service in Victoria, she found herself a few months later embarking from Halifax on a Norwegian fruit boat, which had been lined up for transport duty. Jean's first duties were at Red Cross H.Q. in London, when she suffered through her initial air-raid experience. After further training she was transferred to No. 18 Canadian General Hospital in Essex where "we actually started 'welfaring.' " You will share her trepidation in her attempts to get the convalescent lads interested in making string belts and embroidering cushion-covers! Final and in-earnest preparation came with No. 7 C.G.H., with which unit she landed on the continent, a few weeks after the arrival of the Third Canadian Division.

"Face Powder and Gunpowder" is also an account of the quiet, efficient heroism of our own matrons and nursing sisters. "How I envied the nursing sister! Her share seemed so much more important than holding hands or lights or carrying out debris, which so far had been my sole contribution when something interesting was going on." The nursing personnel and the Red Cross girls shared together the inconveniences of wartime service — the continual lack of water, the monotonous food, the make-shift living quarters which so often were their lot.

Stationed with a Casualty Clearing Station in Germany, Jean received V-E Day with mixed feelings . . . no amount of celebrating would bring back the Canadian men who had given their lives, including her naval-doctor husband who was lost early in the war.

All nurses, especially former members of the R.C.A.M.C., will enjoy the gay and amusing way Jean has put down her adventures with the aid of Isabel Dingman, an experienced newspaperwoman and magazine writer, to whom the author gives full credit for all her assistance. Illustrations by Jack Hambleton enliven the text throughout.

**Hospital Care in the United States** — Commission on Hospital Care. 631 pages. Published by The Commonwealth Fund, 41 East 57th St., New York City 22. 1947. Illustrated. Price (in U.S.A.) $4.50.

*Reviewed by Edith Pringle, Inspector of Hospitals and Institutions, Vancouver, B.C.*

The report of the Commission on Hospital Care is now available in book form. The Commission, consisting of well-known leaders in health and welfare activities, was set up in 1944 by the American Hospital Association with Thos. S. Gates, president of the University of Pennsylvania, as chairman, and with Dr. A. C. Bachmeyer of Chicago as director of the study. The work of the Commission covered a two-year period and attention was focused upon the function and scope of service of the general hospital.

This is a valuable book for everyone interested in or concerned with hospital administration. There is much thought-provoking information, especially that contained in

the conclusions and recommendations of the Commission. These are in summary form. The supporting material is presented in succeeding chapters.

The trend of thinking on future needs and on development of health facilities is of particular value to nurses. Every nurse should be familiar with the recommendations regarding nursing service and nursing education.

**The Psychology of the Unwanted Child,** by Agatha H. Bowley, Ph.D. 112 pages. Published by E. & S. Livingstone Ltd., Edinburgh. Canadian agents: The Macmillan Co. of Canada Ltd., 70 Bond St., Toronto 2. 1947. Price $1.25.

*Reviewed by Phyllis H. Wightman, Children's Aid Society, Vancouver. B.C.*

How seldom does one read a book on a technical subject that is couched in language that one can understand! Such a book is "The Psychology of the Unwanted Child." This book is written in such a way that one can at once see the unwanted child clearly and vividly in one's mind, and, what is more important, understand why these children are so often difficult and hard to "reach."

The author points out the whys and wherefores of the seemingly insurmountable problems with which one is faced in working with these children. Her case histories are written with great understanding and, what is more important, with genuine love of children.

To help these children one must give unreservedly of one's time and energy; sometimes this is a difficult task. Often the young girl choosing a career will hesitate, more so if she sees years of self-sacrificing ahead with many calls upon her personal life, but after reading this book I feel that, providing she has any talent for this type of work, she will not hesitate to take up the cudgels for the unwanted child.

**Laboratory Manual of Pharmacology,** by William T. Taylor, Ph.D. and Richard J. Weber, Ph.D. 151 pages. Published by W. B. Saunders Co., Philadelphia. Canadian agents: McAinsh & Co. Ltd., 388 Yonge St., Toronto 1. 1947. Illustrated. Price $2.25.

The preface states that "this manual is designed to give the student nurse an opportunity to acquire knowledge instead of information." To this end there are twenty-two topics each with stated facts or information followed by series of exercises and experiments for laboratory work. For the latter, directions are given for the student to investigate and scientifically observe the actions of the various drugs, using experimental animals for this purpose. A course in materia medica and pharmacology developed along these lines would give the student a very clear-cut understanding of the subject so that ward practice would be more meaningful. Neither of the authors has a nursing background but are in the Department of Biology of Georgetown University.

**Health Services in England,** by R. C. Wofinden, M.D. 191 pages. Published by John Wright & Sons Ltd., Bristol, Eng. Canadian agents: The Macmillan Co. of Canada Ltd., 70 Bond Street, Toronto 2. 1947. Price $2.50.

For anyone interested in studying the development of health practices and the parallel topic of improvement in measures of treatment in England, this small volume offers a wealth of pertinent information. Dr. Wofinden was awarded the Joseph Rogers prize for this manuscript in 1946.

Since, as is stated in the preface, "measures . . . for the preservation of health . . . involve, directly or indirectly, almost every legislative Act of Parliament for the past three hundred years," the author spends a brief eighteen pages discussing provisions for the care of the sick, and the remainder of the book developing the positive side of his theme. He concludes with some predictions regarding future possibilities.

Though nursing scarcely figures in the material, this book would have its uses as a reference text for public health nursing students or organizations.

**Dermatology for Nurses,** by G. H. Percival, M.D. and Elizabeth Toddie, S.R.N. 116 pages. Published by E. & S. Livingstone Ltd., Edinburgh. Canadian agents: The Macmillan Co. of Canada Ltd., 70 Bond St., Toronto 2. 1947. Illustrated. Price $3.75.

There are many texts available which describe the various skin lesions and their treatment but relatively few are written expressly for nurses. Here, with a physician and a nurse who are specialists in dermatology as authors, we have a text the aim of which is stated as "to present a detailed account of the nursing of the common diseases of the skin for nurses

who have received no systematic teaching in the subject."

The authors point out that, unlike the greater majority of disease conditions, "the onus of treating skin disease rests largely on the patients themselves, and all too frequently they are quite unequal to the task." The informed nurse can assist very greatly by teaching the patients to care for the lesions properly, thus preventing them from becoming chronic conditions. "With few exceptions, diseases of the skin are curable or can be favorably influenced by treatment . . . Chronicity is not nearly such a prominent feature when skilled nursing and supervision are available at appropriate times instead of at irregular intervals."

A long chapter is devoted to detailed instructions on the various forms of treatment. The descriptions of many of the more commonly found varieties of eruptions follow. Each phase is well illustrated by photographs, many of them in color.

One noticeable lack in this text is a glossary.

**A Workbook of Elementary Pharmacology and Therapeutics,** by Luella C. Smith, R.N. B.S. 300 pages. Published by The C.V. Mosby Co., St. Louis 3. Canadian agents: McAinsh & Co. Limited, 388 Yonge St., Toronto 1. 3rd Ed. 1947. Price $3.50.

The third edition of this workbook contains a very wide range of problems for each of the various steps in the student's learning process in this subject. The basic principles involved in the making of solutions, the administration of medicines, and facts about the drugs themselves, etc., all combine to make this a very useful tool for both the instructors and the students of a school of nursing.

## British Columbia

The following are recent changes on the public health nursing staff of the British Columbia Department of Health and Welfare:

**Appointments:** *Madeline V. Lerty* (Columbus School of Nursing, Great Falls, Montana, and University of Oregon), North Okanagan Valley health unit at Salmon Arm; *Iris M. Bothamley* (Royal Jubilee Hsopital, Victoria, and University of Oregon public health course), North Okanagan Valley health unit at Enderby; *Alice Heron* (Royal Jubilee Hospital, Victoria, and University of British Columbia) and *Suzanne Harrison* (Vancouver General Hospital and B.A.Sc., U.B.C.), North Okanagan health unit at Vernon; *Marjene Clarke* (University of Toronto School of Nursing), Saanich and district health unit; *Mrs. Audrey Ward* (Vancouver General Hospital and U.B.C. certificate course), Keremeos; *Mrs. Miriam Moran* (Royal Columbian Hospital, New Westminster, and U.B.C. public health course), Kamloops; *Isabelle Irwin* (Vancouver General Hospital and B.A.Sc., U.B.C.), Powell River; *Winona Carruthers* (Vancouver General Hospital and B.A.Sc., U.B.C.), Okanagan Valley health unit at Penticton; *Joan Russell* (Royal Jubilee Hospital, Victoria, and U.B.C. certificate course), Central Vancouver Is. health unit at Qualicum; *Leone Brown* (Vancouver General Hospital and U.B.C. certificate course), Central Vancouver Is. health unit at Port Alberni; *Louise Berridge* (Misericordia Hospital, Winnipeg, and U.B.C. certificate course), Langley Prairie; *Lucille Giovando* (B.A.Sc., U.B.C.), senior nurse in West Kootenay area which includes Nelson, Trail, Kaslo, Slocan and Arrow Lakes; *Elizabeth Pickard* (St. Paul's Hospital, Saskatoon, and University of Toronto certificate course), Chilliwack; *Margaret Matthews* (Royal Jubilee Hospital, Victoria, and U.B.C. certificate course), Nelson and Kaslo area; *Evelyn Teir* (Royal Jubilee Hospital, Victoria, and U.B.C. certificate course), Nelson area at Trail; *Jean Ciceri* (St. Joseph's Hospital, Victoria, and U.B.C. certificate course) and *Mary Dowie* (St. Paul's Hospital, Vancouver, and University of Toronto certificate course), Peace River health unit; *Norma Tucker* (Vancouver General Hospital and B.A., B.A.Sc., U.B.C.), Princeton; *Beatrice McCandless* (Grey Nuns' Hospital, Regina, and U.B.C. certificate course), Fernie; *Doris Vosburgh* (St. Paul's Hospital and U.B.C. certificate course), Nakusp; *Norah Wood* (St. Paul's Hospital, Vancouver, and U.B.C. certificate course), New Denver; *Caroline Dauk* (St. Elizabeth's Hospital, Humboldt, Sask., and University of Manitoba public health course), Vanderhoof; *Jeannine Coupal* (Ottawa General Hospital

and McGill University certificate course), Prince Rupert health unit; *Signe Johnson* (St. Boniface Hospital, Man., and U.B.C. certificate course), Delta public health nursing service at Ladner; *Dorothy Brown* (B.A., University of Manitoba and Bachelor of Nursing, McGill University), Smithers; *Joan Appleton* (St. Thomas's Hospital, London, Eng., and Royal Sanitary Institute), Ashcroft; *Eileen Lovett* (St. Joseph's Hospital, Victoria, and U.B.C. certificate course), Coquitlam; *Mrs. Madeline Werts* (Vancouver General Hospital and B.A., B.A.Sc., U.B.C.), Kelowna; *Dorothy Martin* (Royal Columbian Hospital, New Westminster, and U.B.C. public health course) and *Jean Wheeler* (U.B.C. certificate course), Surrey; *Jessie Urie* (Vancouver General Hospital and University of Toronto public health course), Trail-Rossland; *Ethel Fairbank* (Vancouver General Hospital and U.B.C. certificate course), Central Vancouver Is. health unit at Duncan; *Rosemarie Leier* (Holy Family Hospital, Prince Albert, Sask., and B.Sc. in public health, St. Louis University, Missouri), Williams Lake.

**Transfers:** *Ellen Urvold* from Langley to Saanich and South Vancouver Is. health unit; *Doris Carter* from North Okanagan health unit in Vernon to East Kootenay health unit to be senior nurse; *Marjorie Staniforth* from Arrow Lakes service to North Okanagan health unit at Vernon to be senior nurse; *Eva Moody* from Fernie to Courtenay to be senior nurse; *Barbara Smith* from Delta to Prince Rupert district health unit to be senior nurse; *Dorothy Paulin* from Langford to Saanich and South Vancouver Is. health unit to be senior nurse; *Fern Primeau* to Kamloops; *Mary McKinlay* to Powell River; *Kay Comerford* from Creston to Trail-Rossland; *Susie Jones* to Fraser Canyon with headquarters at Hope, where she is reopening this district; *Aileen Bond* from Surrey to newly-organized Ashcroft and district public health nursing service.

**Resignations:** *Irene Butler* from Central Vancouver Is. health unit to be married; *Mrs. Kathrine Ramsay* from Keremeos; *Beth (Laycraft) Tachit* from Agassiz; *Mrs. Margaret Ritchie* from Penticton; *Helen McQuay* from North Okanagan health unit to return to her home in Ontario; *Edith Newby* from Okanagan Valley health unit at Kelowna and *Elizabeth Ochs* from Salmo-Fruitvale to be married; *Mrs. M. Greig* from Duncan area of Central Vancouver Is. health unit; *Mrs. Norah Aason* has resigned from service and will live in Kimberley; *Louise Winsby* from Williams Lake to be married.

## Ontario

The following are staff changes in the Ontario Public Health Nursing Service:

**Appointments:** *Rolande Blais* (Ottawa General Hospital and University of Toronto certificate course), North Bay Board of Health; *Olga Friesen* (Hamilton General Hospital and University of Toronto certificate course), formerly with Peel County health unit, Kitchener Board of Health; *Helen Gardner* (St. Luke's Hospital, New York, and University of Toronto certificate course), Welland and district health unit; *Beatrice (Roberts) Warmski* (Wellesley Hospital, Toronto, and University of Toronto certificate course), Oshawa Board of Health; *Elizabeth Petrie* (University of Toronto diploma course), formerly senior public health nurse in Chatham, Kingston Board of Health; *Phyllis Keep* (Grey Nuns' Hospital, Regina, and University of Toronto certificate course), Fort William Board of Health; *Mrs. D. E. (Morrell) Bruce* (Toronto General Hospital and University of Toronto certificate course), Geraldton Board of Health; *Patricia Dodington* (University of Toronto diploma course), St. Catharines-Lincoln health unit; *Mary Marshall Meade* (Health visitor certificate, Royal College of Nursing, London, Eng.) and *Helen Fasken* (Hamilton General Hospital and University of Western Ontario certificate course), formerly with Hamilton Board of Health, Kirkland-Larder Lake health unit; *Mrs. Eric (Penty) Pope* (St. Elizabeth Training School for Nurses, Sudbury, and University of Western Ontario certificate course), Windsor Board of Health; *Mary Easton* (Women's College Hospital, Toronto, and University of Toronto certificate course), formerly with Welland and district health unit, Etobicoke Township Board of Health; *Veronica O'Leary* (St. Joseph's Hospital, Peterborough, and University of Toronto certificate course) and *Marjorie Armour* (Hamilton General Hospital and University of Toronto certificate course), Peterborough Board of Health;

*Cecilia Pope* (Montreal General Hospital and McGill University certificate course), York Township Board of Health.

**Resignations:** *Margaret Drummond* (Victoria Hospital, London, and University of Western Ontario certificate course) from Cochrane; *Mrs. Harold (Ward) Kramer* (Victoria Hospital, London, and B.Sc., University of Western Ontario) from Welland and district health unit; *Mrs. Gordon (Harvey) MacDonnell* (University of Toronto diploma course) from Porcupine health unit.

## Victorian Order of Nurses

The following are staff appointments to, transfers, and resignations from the various branches of the Victorian Order of Nurses for Canada:

**Appointments:** *Elizabeth Barry* (Saint John General Hospital, N.B., and McGill University public health course), Saint John; *Mary Redmond* (Royal Victoria Hospital, Montreal, and University of Western Ontario public health course), Pembroke; *Margaret Simmers* (St. Paul's Hospital, Vancouver, and University of British Columbia public health course), Montreal; *Lillian Rankin*, who resigned from Montreal staff in 1940, reappointed.

**Transfers:** *Jane Dunfield* from Carleton Place to be nurse in charge at Owen Sound; *Elizabeth Hayden* from Oshawa to be nurse in charge at Carleton Place; *Mrs. Doris Small* from Owen Sound to be nurse in charge at Lincoln County; *Constance Swinton* from Saint John to be nurse in charge at Woodstock; *Jean Conlogue* from Woodstock to Saint John; *Ruth Arthur* from staff nurse to be nurse in charge at St. Thomas.

**Resignations:** *Gwen (Waller) Allaster* from Hamilton staff; *Helen Thompson* from St. Thomas; *Thérèse Laframboise* from Montreal to take up other work; *Normina MacLean* from Edmonton to be married; *Alyce MacKenzie* leave of absence from Montreal.

In addition to the scholarships announced previously, *Helen Kennedy* (St. Mary's Hospital, Montreal) has been granted a V.O.N. scholarship and is taking public health course at the McGill School for Graduate Nurses.

## Nursing Sisters' Association

The latest contribution to the Rehabilitation Fund is that of $75.00 from the Saskatoon Unit. It is hoped that soon every unit will have contributed to this worthy cause.

On November 18, 1947, fourteen veteran nursing sisters of World Wars I and II met in Charlottetown, P.E.I., to organize a unit of the N.S.A.C. The election of officers was as follows: President, Mrs. C. H. Beer; vice-president, Hattie MacLaine; secretary-treasurer, Margaret H. Campbell.

Since the formation of the unit the members were guests at the home of Elsie Nicholson and Mrs. Beer entertained later at her residence. These social evenings of bridge and conversation were thoroughly enjoyed by the sisters. They assisted greatly in fostering the spirit of organization and stimulating the aims of the unit.

# News Notes

### ALBERTA

CALGARY:

At the annual meeting of Calgary District, No. 3, A.A.R.N., the following executive was elected: Chairman, Mrs. Nan Graham; vice-chairman, G. Hutchings; secretary, M. McNamara; treasurer, M. Watt.

The net sum of $292.25 was raised for the War Memorial Fund as the result of a draw for two hand-tooled leather purses made by patients at the Central Alberta Sanatorium. K. Connor, F. Ferguson, and J. Morrison were in charge. A parcel was sent through the Rotary Club to a British nurse.

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The association entertained members of the C.N.A. Executive Committee and the provincial registrars at the Col. Belcher Hospital during their meeting in Calgary. Other guests included the senior student nurses and recent graduates of the Calgary General and Holy Cross hospitals. Mrs. Graham was in the chair. Musical selections were given by Margaret Kerr, editor of *The Canadian Nurse*, G. McFarlane, M. Loftus, and B. Pusey.

Rae Chittick, president of the C.N.A., and Kathleen Connor introduced the guests who came from all parts of Canada. E. Frances Upton, secretary-registrar, Association of Nurses of the Province of Quebec, and Alice Wright, registrar, Registered Nurses' Association of British Columbia, brought greetings from their respective provinces. Gertrude Hall, general secretary of the C.N.A., was guest speaker and extended a warm welcome to the senior students who are soon to join the ranks of organized nursing.

Arrangements for this occasion were made by I. Reesor, K. Morton, M. Watt, and M. McNamara, assisted by Mmes M. Duthie and Graham.

EDMONTON:

Violet Chapman was elected chairman of Edmonton District, No. 7, A.A.R.N., at the recent annual meeting. The vice-chairmen are E. Bray and R. Ball. Betty Lea will serve as secretary with Joan Kilgour acting as treasurer. The annual reports were read, including that of Ida Johnson, Registry Committee convener. She told of the new registry which is to be known as the "Doctors and Nurses Community Service" with a 24-hour service. Fifty nurses were present.

## BRITISH COLUMBIA

KAMLOOPS-TRANQUILLE:

Elizabeth Braund, director of the R.N.A. B.C. Placement Service in Vancouver, was the guest speaker at the annual meeting of the Kamloops-Tranquille Chapter, R.N.A.B.C. Miss Braund gave a comprehensive outline of the work done by the directory and its function in the satisfactory placement of registered and practical nurses.

The election of officers took place with the result that Mrs. R. Waugh will now serve as president, O. Clancy and V. Gorham acting as vice-presidents. The recording and corresponding secretaries are Mrs. A. Duck and M. Humphreys with Mrs. C. E. Nicholson treasurer.

ROSSLAND:

The December meeting of the Rossland Chapter, R.N.A.B.C., was held at the home of the Rev. and Mrs. T. B. McMillan. Mrs. R. D. McAllister reported on the home nursing classes under the auspices of the Red Cross. F. McLean, membership convener, reported that there were forty members and extended an invitation to all graduate nurses to attend chapter meetings. A social hour followed when group contests were enjoyed. The members also took part in a sing-song with Mrs. R. Thompson at the organ. Refreshments were served by Mmes K. Comesotti, W. C. Stevens, and H. Bailey.

Mrs. McMillan displayed many interesting souvenirs of her stay in India and the Near East, explaining historical points of her collection. The mantel was decorated to depict the Nativity scene, some of the articles coming from Galilee. Approximately nineteen members were present.

At the January meeting yearly reports were read by Mrs. McAllister on the Red Cross home nursing classes and the activities of the Community Chest. F. McLean, the secretary, gave a résumé of the 1947 activities of the chapter and the membership report. Mrs. R. Williamson gave the treasurer's report and Mrs. W. C. Stevens reported on the year's programs. The matter of raising funds was discussed and it was decided to hold a monthly tea at the members' homes. F. McLean and Miss Kennedy gave reports on the district executive meeting held in Trail.

The election of officers resulted in F. A. Kennedy as the new president with Mrs. L. E. E. Hamilton as vice-president. The secretary is Mrs. McAllister with Mrs. Williamson as treasurer.

A social hour followed the meeting with Mmes Osborne and Christie serving refreshments. Thirteen members were in attendance.

TRAIL:

Six new members were introduced at a recent meeting of Trail Chapter, R.N.A.B.C., when thirty-seven members were present. Mrs. Edith McGerrigle gave her report of the dance which turned out to be a pleasant and successful event. Mmes R. Farmer and L. Stewart gave their account on the furnishing of the nurses' room in the hospital. Faith Hodgson was elected delegate to attend the provincial annual meeting to be held in Victoria in April.

Mrs. Gus Erickson, the guest speaker, told of her trip through the United States by motor to Ontario and on to New York where she and her husband sailed for Sweden. She also gave an account of their return trip by way of England.

VANCOUVER:

*St. Paul's Hospital:*

Dr. Rice gave a talk on "The Rh Factor and its Significance in Modern Medicine" at a recent meeting of the alumnae association. The Homecoming took the form of a dinner held at the nurses' home. All profits will go toward a gift for the new residence. The class of 1948 were guests at this function and a musical program was included in the entertainment. A new feature of this year's alumnae meetings will be a five-minute talk on "What's New in Nursing." Miss Yule is in charge of this feature. The financial report on the dog show indicates that approximately two hundred dollars was raised, with the

registry tea and sale of work netting three hundred dollars.

VICTORIA:

Mrs. Betty McKinnon was elected president of the Victoria Chapter, R.N.A.B.C., at the recent annual meeting. The vice-presidents are R. Kirkendale and B. Roberts, with J. Purvis and G. Sanders recording and corresponding secretaries. The treasurer is L. Holland.

Marjorie Baird, the retiring president, was in the chair and the reports of the various committees were heard. The secretary, M. Gutenberg, revealed that the recruitment program launched last spring had been successful. It was also learned that an archivist had been appointed to prepare a file containing the development of nursing in Victoria.

A memorial library fund has been started with $122 being donated. Eight parcels have been sent overseas.

## MANITOBA

BRANDON:

At a meeting of the Brandon Association of Graduate Nurses, the president, Marion Patterson, was in the chair, with C. Wedderburn's group in charge. The guest speaker, introduced by Mrs. S. J. S. Pierce, was Margaret Coltart, of Melbourne, Man., recently a missionary nurse working in India. She gave an interesting talk on nursing and the training of nurses' aides. She cited incidents and emphasized the need for more missionary nurses. Miss Coltart was thanked by Margaret Gemmell. C. Wedderburn, M. Gemmell, and Mmes B. Bateman and Pierce assisted during the social hour that followed. C. Macleod, who was a guest for the evening, enjoyed renewing acquaintances.

*General Hospital:*

A feature, much enjoyed by all taking part, is the monthly dinner attended by the graduates of the staff, Dr. Fiddes, medical superintendent, and Olive Thomas, superintendent of nurses. Discussions on new methods, medicines, etc., prove helpful and contribute to another friendly and enlightening gathering.

In recognition of Blanche Brigham's seventeen years of service at the hospital, a presentation of a silver tea service was made to her by the medical and hospital staff on the occasion of her resignation. Other functions in her honor included a dinner at the home of Mrs. James Brereton and a well attended tea at the home of Marion Patterson. It was a pleasure to have present three former Brandon General matrons — Mrs. Robert Darrach, Christina Macleod, and Mrs. J. Selbie. Miss Brigham is now on the staff of the Royal Columbian Hospital, New Westminster, B.C.

## NEW BRUNSWICK

MONCTON:

Hilda Bartsch, superintendent of nurses at the Tuberculosis Hospital, invited the Monc-

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*or*

**Miss F. Munroe, R.N., Superintendent of Nurses, Royal Victoria Hospital, Montreal 2, P. Q.**

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**Supt. of Nurses,**
**Mountain Sanatorium,**
**Hamilton, Ontario**

ton Chapter, N.B.A.R.N., to hold a recent meeting at the nurses' residence. The new superintendent of nurses at the Moncton Hospital, Barbara Beattie, was welcomed to the chapter.

Mrs. Roberta Perry, the president, introduced the guest speaker, Dr. Knox, who is superintendent of the Tuberculosis Hospital. He gave an informative talk on "Tuberculosis and its Treatment." He mentioned the serum, B.C.G., and the use of streptomycin, stressing the dangers if used over a long period of time. He also dwelt on the shortage of nurses for sanatorium work.

SAINT JOHN:

Bessie Seaman was elected president of the Saint John Chapter, N.B.A.R.N., at the largely attended annual meeting. The retiring president, Mary Downing, was in the chair. Reports of the past year were gratifying and reviewed an active and successful season. Marion Myers, president of the N.B.A.R.N., outlined the plans for the C.N.A. biennial meeting to be held at Mount Allison University in Sackville at the end of June.

The vice-presidents elected were B. Selfridge and Mrs. E. Mooney. The secretary is A. Hanscombe with the treasurer being J. MacAllister.

*General Hospital:*

It has been learned that Mary MacDougall has arrived safely in Chissamba, Africa. Anne Cunningham is now on the staff of the Kirkland Lake (Ont.) Hospital. Mrs. Sinclair is assistant night supervisor at the S.J.G.H. Helen Stephenson has left for Johannesburg, South Africa, where she is to be married and reside.

*St. Joseph's Hospital:*

There was a record attendance at the annual meeting of St. Joseph's Hospital Alumnae Association. The reports showed a successful year. Plans were made to continue sending boxes to Britain. Mrs. J. McLaughlin was elected president for the coming year, with D. Giddens as vice-president. The secretary is M. McGillicuddy and the treasurer is F. Wallace.

Clarissa Hurley has returned to her duties in the obstetrical department after a three-month leave of absence on the Pacific coast. Ethel Hogan and Rita McLeod are on the staff of St. Vincent's Hospital, Vancouver. Rita Ryan is taking a hospital administration course at Columbia University. Nellie Callaghan has resigned from St. Clare's Hospital, New York, and is doing private duty in that city. Sr. Theresa Carmel is in charge of the recently enlarged and completely renovated children's department.

**ONTARIO**
DISTRICT 1

LONDON:

Mildred Maybee was elected chairman of District 1, R.N.A.O., at the recent annual

meeting. Miss Maybee, superintendent of nurses at the Metropolitan Hospital, Windsor, succeeds Isabell Stewart, of St. Thomas, who presided during the meeting. "The Changing Picture of Industrial Medicine" was outlined by Dr. G. E. Hobbs, assistant dean of medicine at the University of Western Ontario, at the dinner which followed the afternoon business meeting. The guests attending were personnel heads and industrial doctors of the city. Dr. Hobbs told of the four stages in the development of industrial medicine — interest in toxic substances, in accidents and accident-proneness, in illness, and in the social background of the workers.

The report of Lillian Theobald, of St. Thomas, secretary-treasurer, revealed that more than fifty dollars was subscribed by the district in sending food parcels to two retired nurses in Scotland. Members voted to adopt six more nurses in Britain, each to be looked after by one centre in the district. Reporting for the public health and industrial section, Grace Versey, of London, told of the organization of the Kent County health unit, of salary revision, and staff education programs. Windsor industrial nurses have an active social program, including get-togethers with Detroit nurses. Major C. Chapman, of Windsor, membership convener, reported an increase of 189 members, making a total of 965. Reports were also heard from Miss Nicely, hospital and school of nursing convener; I. Griffin, general nursing convener; M. Hardie, *Canadian Nurse* circulation convener; and Dorothy Knight, publications convener.

More than one hundred nurses were present, representing Windsor, London, Chatham, Sarnia, Strathroy, Petrolia, and St. Thomas.

The vice-chairmen elected are Viola Vandervoort and Mary Langford, with Mrs. Charles Maitland serving as secretary-treasurer.

### *Victoria Hospital:*

Victoria Hospital has a proud and distinguished record in the profession of nursing, through its graduates, Mildred Walker told the Victoria Hospital Alumnae Association of which she is the new president.

Speaking at the first meeting of the new term, Miss Walker reminded the alumnae that the V. H. School of Nursing is the third oldest in Canada, antedated only by St. Catharines' General-Marine and the Toronto General. She noted that this was the 65th year of the training school and it is hoped, through the alumnae, to pay homage to the old school.

The guest speaker was Arthur Burgess, widely known as a teacher of hobbies. Creative value of hobbies was stressed by Mr. Burgess who advised individualism in selection.

## District 4

### Welland:

Catharine O'Farrell, chairman, presided at a recent well-attended meeting of the Niagara Peninsula Chapter, District 4, R.N.A.O.,

**REGISTRATION OF NURSES**

**Province of Ontario**

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**EXAMINATION ANNOUNCEMENT**

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An examination for the Registration of Nurses in the Province of Ontario will be held on **May 19, 20 and 21.**

Application forms, information regarding subjects of examination and general information relating thereto, may be had upon written application to:

**The Director,**
**Division of Nurses Registration**
**Parliament Buildings, Toronto 2**

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**THE ASSOCIATION OF NURSES**
**of the**
**PROVINCE OF QUEBEC**

The 1948 Spring examinations for Provincial Registration will cover two groups of candidates and will be held as follows:

**GROUP A:** Graduates qualifying for the licence to practise will write in Montreal, Quebec, and Sherbrooke on **April 19, 20 and 21, 1948.** Candidates will not be permitted to write these examinations until they have actually finished their training and hold the diploma of their school.

**GROUP B:** Students who will have completed their first year before **March 1, 1948,** will enter the preliminary test covering oral, practical, and written, which will be held on **March 8, 9, 10 and 11, 1948.** (Time to be announced in each school.)

For application forms and all information relating to the examinations apply to the headquarters of the Association. Applications for final examinations must be received by **March 31, 1948.**

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when a report of the War Memorial Fund was presented. A sincere vote of thanks was extended to all those who rendered their services in helping to put this campaign over the top. Reports were also heard from the sections and Anna Oram, chairman of the district, spoke to the members.

Dr. Donald McNeil, radiologist, was the guest speaker. He gave an interesting talk on x-ray work, stressing the value of x-ray in the hospital. He outlined the use of x-ray in certain types of disease and conditions, revealing that the treatment indicated was tangible evidence of the work done by the x-ray specialists and assistants. E. Beckett, technician at the County Hospital, introduced Dr. McNeil who was thanked by Miss Lauder. Elsie Schuman, of the V.O.N. in Niagara Falls, extended a vote of thanks to M. McCoomb and her committee for an enjoyable evening.

ST. CATHARINES:

Mrs. Hazel Hesburn presided at a regular meeting of the Mack Training School Alumnae Association when two members, Jean MacKay and Elizabeth Goold, recently returned from Cuba, were welcomed back to the district. A profitable auction sale was held and refreshments brought the enjoyable evening to a close.

## DISTRICT 7

BROCKVILLE:

Sixty members and guests of the Brockville Chapter, District 7, R.N.A.O., attended the first meeting of 1948 with Geneva Purcell, the new president, in the chair. It was reported that two boxes of food had been forwarded to British nurses, and that the chapter had oversubscribed to the War Memorial Fund. After a brief business meeting, a Christmas party was held when everyone brought a gift for the tree. The social convener, Mrs. Wm. Cooke, took charge and presented an entertaining program. Gifts were distributed and refreshments served by the Ontario Hospital students.

*General Hospital:*

The Brockville General Hospital Alumnae Association held their annual meeting recently when the reports of the various committees showed a successful and active year. Special activities included the annual dance and a bridge party. Geneva Purcell presided at the election of officers with Dorothy Barrett assisting as secretary.

## DISTRICT 8

*Ottawa General Hospital:*

Mme Noel Chassé, president of the alumnae association, has been appointed nursing counsellor on the staff of the Department of National Health and Welfare. Mme Chassé had served for ten years with the Division of Maternal and Child Hygiene prior to her new

appointment. She was also acting secretary of the French section of the Canadian Welfare Council.

The student nurses held a successful Candy and White Elephant sale in aid of the War Memorial Fund. The sum of $125 was contributed to this worthy cause.

### QUEBEC

MONTREAL:

*Children's Memorial Hospital:*

M. Flander has been granted a four-month leave of absence to take advanced post-graduate work in pediatrics at Boston University. R. Akagawa has resigned to take a course in art at Chicago. G. Forgrave who, following service with the R.C.N. Nursing Service took the teaching and supervision course at the University of British Columbia, has returned to the staff.

*Montreal General Hospital:*

At the annual meeting of the Montreal General Hospital Alumnae Association, Ann Peverley was re-elected president. Miss Peverley, who is on the staff of the McGill School for Graduate Nurses, is on a fellowship from the Kellogg Foundation attending Columbia University. The alumnae is still sending food parcels to British nurses.

Olive Elmslie has retired from the staff after many years of service in the social service department. Before her departure, Mary Mathewson and staff entertained at a tea in her honor. Agnes Tennant succeeds Miss Elmslie. (See Nursing Profiles this issue.)

Cecil MacDonald has been awarded the Distinguished Service Medal by the Greek Government for services in Italy during the war. Miss MacDonald has been supervisor in charge of the operating-room since her return from overseas in 1945.

E. Frances Upton, secretary-registrar, A.N.P.Q., has returned from a short visit to Bermuda, where she visited the King Edward VII Memorial Hospital in her official capacity as school of nursing visitor. Miss Upton was welcomed by Bernice Underhill and staff, many of whom spent some time in Montreal as affiliating students. Other M.G.H. nurses at this hospital include Jonette MacDougall, Helen Thompson, and Helen Christian.

The nursing staff of the D.V.A. hospital at Ste. Anne de Bellevue, P.Q., held a farewell party in honour of Frances Walker who has retired from the staff after several years' service. Miss Walker is a 1910 M.G.H. graduate and saw service in World War I. Accompanied by her sister, she sailed for Australia in December.

A book of great interest to nurses in Canada and elsewhere has recently been published. "Three Centuries of Canadian Nursing" has been written by Mr. Murray Gibbon in collaboration with Mary Mathewson, the principal of the school for nurses. This book fills a long felt need in schools of nursing in Canada.


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## SCHOLARSHIP AWARD

The Alumnae Association of the **Kingston General Hospital** is pleased to announce that a Scholarship will be awarded this year, covering $500, to a member who has had at least one year's experience and who wishes to do post-graduate study.

Please state course desired and make application to:

**Miss Lottie Smith, Sec.**
**Nurses' Alumnae,**
**General Hospital,**
**Kingston, Ontario.**

Note that applications will be received until *June 30, 1948*.

**THE CENTRAL REGISTRY OF GRADUATE NURSES, TORONTO**

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*Royal Victoria Hospital:*

Misses Suchomel and Olmstead, of the Joint Orthopedic Nursing Advisory Service in New York City, visited the hospital during the institute on Posture Fundamentals in Nursing and conducted some of the demonstrations in the teaching department of the school. A number of the senior head nurses and instructors attended the institute and will be prepared to pass along the very valuable information and skills gained.

A. M. Arnott, of the Woodstock General Hospital, is now teaching supervisor in the operating-room. Miss Arnott has taken teaching and supervision at the McGill School for Graduate Nurses and has completed the course in operating-room technique at the Polyclinic in New York City. Marion Cross is with the Indian Health Services of the Dominion Government. She has flown to Norway House, Man., to work for a year at a small outpost hospital. Elizabeth Hartig, supervisor in a hospital in South India, has spent a year learning the language before starting her teaching duties. Grace Martin, retired assistant superintendent of nurses, while visiting in the city, was guest of honor at several social functions. Miss Martin is now living in Kingston, Ont. Other visitors to the school included Mrs. Gordon (Graves) Craig and Mrs. F. G. (MacDonald) Hart.

QUEBEC CITY:

The 28th annual meeting of the Jeffery Hale's Hospital Alumnae Association was held recently with M. G. Fischer presiding. Reports of the various committees were read and the election of officers took place. A. S. Humphries is the new president with A. MacDonald and Mrs. J. L. Myers the vice-presidents. The secretary is Mrs. J. Green with Miss Fischer acting as treasurer.

A. MacDonald is in charge of the private floor and women's surgical ward, replacing M. Jones who has left to become superintendent of the Blanchard-Fraser Memorial Hospital, Kentville, N.S. J. Colton has resigned to be married. N/S P. Levie is with the D.V.A. Hospital in Montreal.

SHERBROOKE:

The annual meeting of the Sherbrooke Hospital Alumnae Association was held at the home of Mrs. H. D. Bayne with a large attendance. Mary Todd presided at a short business meeting. Fifty dollars was donated to buy clothes for needy children in Europe.

Mrs. Ruth Lavallee was elected president for the coming year, with Mrs. R. Burroughs and Miss Everett as vice-presidents. The recording and corresponding secretaries are A. Hydman and F. Whittle, with Mrs. A. Grundy acting as treasurer.

An enjoyable social hour was spent when Dr. Bayne displayed many souvenirs, including beautiful shells, of a visit to Bermuda. Mrs. Bayne later showed movies. Refreshments were served when Olive Harvey, superintendent of the hospital, presided at the tea-table.

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**EXAMINATIONS FOR REGISTRATION OF NURSES IN NOVA SCOTIA**

To take place on **May 19, 20 and 21, 1948,** at **Halifax, Yarmouth, Amherst, Sydney,** and **Antigonish.** Requests for application forms should be made at once and forms MUST BE returned to the Registrar by **April 19, 1948,** together with: (1) Birth Certificate; (2) Provincial Grade XI Pass Certificate; (3) Diploma of School of Nursing; (4) Fee of $10.00.

No undergraduate may write unless he or she has passed successfully all final School of Nursing examinations, and is within six weeks of completion of the course of Nursing.

**NANCY H. WATSON, R.N., Registrar**
**The Registered Nurses' Association of Nova Scotia**
**301 Barrington St., Halifax, N.S.**

**EXAMINATIONS FOR REGISTRATION OF NURSES IN NOVA SCOTIA**

A Special Examination, for this year only, for nurses who graduated prior to 1940, but who for various reasons, although eligible for registration, failed to write or qualify as Registered Nurses, will be held on **May 19, 20 and 21, 1948.** For full particulars apply to:

**NANCY H. WATSON, R.N.,**
Registrar
**The Registered Nurses' Association of Nova Scotia**
**301 Barrington St. Halifax, N.S.**

## SASKATCHEWAN

### ESTEVAN:

Members of the Estevan Chapter, S.R.N.A., distributed fruit juices to the hospital patients at St. Joseph's Hospital during the Christmas season.

Dr. S. Marinker, F.R.C.S., at a recent meeting of the chapter, spoke on the new trends and advances in general surgery during the past decade. Mmes L. Beisenberg and W. Morin are welcomed as new members. D. Dermody has left Estevan to do private duty in Regina. She was presented with a souvenir gift spoon on behalf of the members. Lucille Larivière, formerly of Manor, is now on the St. Joseph's Hospital staff. The nursing staff is now on 44-hour weekly duty with an 8-hour shift.

### PRINCE ALBERT:

Rev. Sr. Irene gave a résumé of the C.N.A. Executive Committee meeting, held in Calgary, at a meeting of Prince Albert Chapter, S.R.N.A. She made special mention of the photos of the Rest-Break Homes in England. The Cod Liver Oil Fund is still in operation and in the past year $165.20 was spent on cod liver oil for needy children.

Noreen Quinn is serving on the staff of the Holy Family Hospital, while Miss Flynn is with the diet kitchen and Miss Amundson is doing general duty. Mrs. D. (Hopkins) Miller is now supervisor, first floor, at Victoria Hospital.

### SASKATOON:

At the annual meeting of the Saskatoon City Hospital Alumnae Association, M. R. Chisholm was re-elected president with Mrs. Stewart as vice-president. The secretary is B. Robinson with M. Melnyk serving as treasurer.

The graduate nurses of the hospital held a social evening in January when "Twenty Questions" was played and lunch served.

Appointments to the staff include B. Minor, R. Harding, and M. Staple who are doing general nursing, and D. Bell who is with the operating-room. W. Routledge is now instructor at the Royal Jubilee Hospital in Victoria, B.C. R. Scherbein was a recent visitor to the hospital from the King Edward VII Memorial Hospital in Bermuda.

### SWIFT CURRENT:

A series of bridge parties have been arranged by the Swift Current Chapter, S.R.N.A., as a means of raising money. Each nurse will be responsible for at least one table.

### YORKTON:

A. Mills, who has been on the staff of the General Hospital for the past year, has accepted a position in the United States. B. Skekovich has accepted the position of operating-room supervisor to replace A. Gwilliam who has been granted a leave of absence to visit her parents in England.

# Positions Vacant

**Night Supervisor** for 80-bed General Hospital. Full maintenance, hospitalization, sick leave. Apply, stating qualifications, date available, salary expected, etc. to Supt., Simcoe, Ont.

**Registered Nurses** for 125-bed General Hospital in Interior British Columbia. Salary: $140 gross; $25.00 deducted for room, board, laundry. 3 weeks' vacation with pay after 1 year's service. Accumulative sick leave. 7 days' statutory holidays. Apply, stating special training, experience, to Supt., Trail-Tadanac Hospital, Trail, B.C.

**Graduate Nurses** for completely modern West Coast hospital. All-graduate staff. Commencing salary: $150 per month, less $25.00 for board, residence, laundry. 44-hour week. 1 month's vacation with pay after 1 year's service. Transportation allowance not exceeding $60.00 refunded at end of 12 months. Apply, stating experience, to Matron, General Hospital, Prince Rupert, B.C.

**Graduate, Registered Nurses** for Medical & Surgical hospital for specialized work. Staff duty, 44-hour week, straight 8-hour day. Attractive salary with additional compensation for 3-11 and 11-7 duty. Uniforms laundered free. Cafeteria meal service. Living quarters available in hospital annex. Apply to Personnel Office, Cleveland Clinic Foundation, 2020 East 93rd St., Cleveland 6, Ohio.

**Registered Nurses for General Staff** at Ontario Hospitals in Brockville, Hamilton, Kingston, London, New Toronto, Orillia, St. Thomas, Toronto, Whitby, Woodstock, and Toronto Psychiatric Hospital. Initial salary: $1,740 per annum, less perquisites ($26.50 for room, board, laundry). Annual increment, accumulative sick leave, superannuation, 3 weeks' vacation, statutory holidays, special holidays, 8-hour day, 6-day week. Apply to Supt. of Nurses at above hospitals.

**Operating-Room Nurses** for 185-bed Children's Hospital. All graduate staff in O.R. 8-hour day, 5½ day week. 1 month holiday with salary per annum. Salary: $100 per month with $5.00 increase each 6 months to $110. Full maintenance. Apply to Director of Nursing, Children's Memorial Hospital, 1615 Cedar Ave., Montreal 25, P.Q.

**Graduate Nurses** (2) for permanent **Night Duty.** Salary: $130 per month. **Graduates for General Duty** to facilitate opening new floor. Salary: $110 per month. Full maintenance. Participation in Blue Cross. Apply, stating particulars of training, experience, to Supt., Brome-Missisquoi-Perkins Hospital, Sweetsburg, P.Q.

**General Staff Nurses.** 44-hour week. Gross salary: $155 plus laundry, with increases. Extra $5.00 all night rotation shifts. All perquisites. Registration in British Columbia essential. Apply to Director of Nursing, Vancouver General Hospital, Vancouver, B.C.

**Registered Nurses for Pediatric-Orthopedic Hospital.** 8-hour day and 6-day week. Full maintenance or live out as desired. For further particulars apply to Supt., Shriners' Hospitals for Crippled Children, Montreal Unit, P.Q.

**Superintendent,** fully qualified, to take complete charge of a 24-bed General Hospital. Apply, stating qualifications, age, references, and salary expected, to Mr. A. M. Casselman, Sec., Haldimand War Memorial Hospital, Dunnville, Ont.

**Director of Dietetics.** Hospital offers post-graduate course for Dietitians. Duties commence May 1, 1948. Apply, stating training, experience, salary expected, and giving references in first letter, to Medical Supt., University of Alberta Hospital, Edmonton, Alta.

**Qualified Dietitian** for General Hospital. Good salary and full maintenance. Apply to Administrator, General & Marine Hospital, Owen Sound, Ont.

**Registered Nurse for Ward Supervision. Also Nurses for General Duty.** 100-bed General Hospital in Western Ontario. 8-hour day and 6-day week. Apply, stating qualifications, experience, salary expected, and date available, to Administrator, General Hospital, Woodstock, Ont.

**Public Health Nurse** (qualified). Apply, stating qualifications, age, experience, and salary expected, to C. A. Warren, M.O.H., Township of York, Keele St. & Elora Rd., Toronto 9, Ont.

**Graduate, Registered Nurse** for **Floor Duty.** Salary: $100 per month; full maintenance; increase of $5.00 per month after 1 year's service, up to 3 years. 8-hour duty. Blue Cross Hospitalization. Apply to Supt., Barrie Memorial Hospital, Ormstown, P.Q.

**Registered Nurses (qualified)** for Operating-Room. Post-Graduate course essential. **Head Nurse** for 26-bed Women's Medical & Surgical Ward. 200-bed hospital. Write immediately to Director of Nursing, General Hospital, Belleville, Ont.

**Science Instructor** with teaching experience. **Nursing Arts Instructor.** Positions open July 1. Student enrolment 60; one class yearly. State qualifications & salary expected to Director of Nursing, General Hospital, Belleville, Ont.

**Graduate Nurses for Children with Tuberculosis.** 8-hour shift; 44-hour week. Comfortable Nurses' home. Apply to Supt. of Nurses, Alexandra Hospital, 230 Charron St., Montreal 22, P.Q.

**Assistant Matron and Clinical Instructor** for 130-bed hospital. Apply, stating qualifications, salary expected, when available, to Matron, King Edward VII Memorial Hospital, Bermuda.

**Instructor of Nurses.** New school, well equipped. Duties to commence in July, Apply, stating age, qualifications, experience, salary expected, to Director, School of Nursing, General Hospital, Galt, Ont.

**Supervisors (2) for Ward Administration** and to assist with Ward Teaching of students. Apply, stating age, qualifications, experience, salary expected, to Director, School of Nursing, General Hospital, Galt, Ont.

**Registered Nurses for General Duty.** 50-bed hospital. Salary: $110 per month. 8-hour day, 6-day week. Full maintenance. Apply to Memorial Hospital, Listowel, Ont.

**Assistant Charge Nurse** for 25-bed Obstetrical Ward at General Hospital, Port Arthur, Ont. Also **General Duty Nurses.** Salary: $110 with full maintenance or $135 living out plus meals, laundry. The hospital has 150 beds, being increased by new wing to 250. 8-hour day, 6-day week. 1 month's vacation with pay after 1 year. Apply to Supt. of Nurses.

**Operating-Room Supervisor** for 120-bed hospital with Training School. New hospital in process. Attractive city of 17,000. Apply, for exchange of full information, to Supt. of Nurses, Galt Hospital, Lethbridge, Alta.

**Registered Scrub Nurse for Operating-Room:** 8 hr. broken shift. Salary: $165 monthly. **Registered General Duty Surgical Nurse:** 8 hr. broken shift. Salary: $159 monthly. **Registered Charge Nurse for Surgical Staff** (all graduate staff). Salary: $176 monthly. All salaries have scheduled rate of increase. Comfortable accommodation in nurses' residence. Cumulative sick leave. Pension Plan in force. Blue Cross. 3 weeks' holiday after year of service. Apply to Mrs. M. McGee, Supt. of Nurses, Muskoka Hospital, Gravenhurst, Ont.

**Graduate, Registered Nurses for General Staff Duty** in 130-bed hospital. For particulars apply to Matron, King Edward VII Memorial Hospital, Bermuda.

**General Duty Nurses** for 80-bed General Hospital. Salary: $115 per month (including pay for O.R. call & bonus), plus maintenance. Increase at end of 6 months to $120 and at end of 1 year to $125. 8-hour day, 6-day week. 2 weeks' holiday with pay (3 weeks given at end of 2nd year). Allowance for sick leave, hospitalization, statutory holidays. Additional $5.00 per month for 3:30 shift. Apply, stating qualifications, date available to Supt., Norfolk General Hospital, Simcoe, Ont.

## N.B. CIVIL SERVICE COMMISSION

***Positions Vacant:*** **Operating-Room Nurse, Moncton Tuberculosis Hospital, Moncton, N.B.** *Salary range:* $1,800-$1,920 per annum.

**General Duty Nurses, Moncton Tuberculosis Hospital, Moncton, N.B.** *Salary range:* $1,620-$1,740.

Applicants must state their qualifications, educational standard, and years of experience.

Applications should be made to

**Medical Superintendent, Moncton Tuberculosis Hospital, Moncton, N.B.** *or to* **Chairman, Civil Service Commission, Fredericton, N.B.**

# Official Directory

## Provincial Associations of Registered Nurses

### ALBERTA

#### Alberta Association of Registered Nurses

**Pres.,** Miss B. Emerson, 23 Rene LeMarchand Mansions, Edmonton; Past Pres., Miss B. Beattie; First Vice-Pres., Miss J. S. Clark; Sec. Vice-Pres., Miss F. J. Ferguson; *Councillor,* Rev. Sr. Jeannette Forest, Holy Cross Hospital, Calgary; *Chairmen of Committees: Institutional Nursing,* Miss A. Anderson, Royal Alexandra Hospital, Edmonton; *Private Duty,* Miss Orma Smith, Galt Hospital, Lethbridge; *Public Health,* Miss G. D. Hutchings, Strathmore; *Educational Policy,* Miss H. Penhale, University of Alberta School of Nursing, Edmonton; Treas., Mrs. R. Corbett, St. Stephen's College, Edmonton; Registrar-Secretary, Miss E. Bell Rogers, St. Stephen's College, Edmonton.

#### Ponoka District, No. 2, A.A.R.N.

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#### Calgary District, No. 3, A.A.R.N.

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#### Edmonton District, No. 7, A.A.R.N.

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#### Registered Nurses' Association of British Columbia

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## PRINCE EDWARD ISLAND

### Prince Edward Island Registered Nurses' Association

Pres., Mrs. Lois MacDonald, P.E.I. Hospital, Charlottetown; Vice-Pres., Sr. Mary Irene, Charlottetown Hospital; Treas.-Registrar, Sr. Mary Magdalen, Charlottetown Hospital; Sec., Miss Helen Arsenault, Provincial Sanatorium, Charlottetown; *Section Chairmen: Public Health*, Miss E. Wheler, Public Health Dept., Summerside; *General Nursing*, Mrs. M. Storey, 91 Fitzroy St., Charlottetown; *Hospital & School of Nursing*, Miss K. MacLennan, Provincial Sanatorium, Charlottetown.

## QUEBEC

### The Association of Nurses of the Province of Quebec

**The Association of Nurses of the Province of Quebec, created by Licensing Act, April 17, 1946, replacing The Registered Nurses Association of the Province of Quebec, Incorporated February 14, 1920.**

Pres., Rév. Sr. Valérie de la Sagesse; Vice-Pres. (*Eng*), Misses M. S. Mathewson, C. V. Barrett; Vice-Pres. (*Fr*), Mlle A. Martineau, Rév. Sr. St-Ferdinand; Hon. Sec., Miss E. B. Cooke; Hon. Treas., Mlle M. Cantin; *Councillors*, Mlle M. A. Chamard, Rév. Sr. M. Madeleine, Mlle R. Aubin, Rév. Sr. Normandin, Mlle A. Besner. The above constitutes the Executive Council and are Members of the *Committee of Management* together with: Misses F. Munroe, E. MacLennan, M. E. Lunam, Rev. Sr. M. Felicitas, Mlles A. Benoit, L. Couet, A. Girard, M. Hébert, M. Lacombe, G. Lamarre, Srs. Allard, Jean des Lys. *Advisory Board*, Misses E. Flanagan, G. Hall, M. L. Buchanan, M. Todd, Mrs. G. Elliott, Rév. Sr. Marie de la Trinité. *Committee Chairmen: Institutional Nursing* (*Eng*), Miss C. Lynch, Allan Memorial Institute, Montreal 2; (*Fr*), Rév. Sr. Denise Lefebvre, Institut Marguerite d'Youville, Montréal 25; *Public Health* (*Eng*), Miss H. Perry, 4814 Fulton Ave., Montreal 26; (*Fr*) Mlle A. R. Guimond, 3156 Maplewood Ave., Montreal 26; *Private Duty* (*Eng*), Miss E. Killins, 3533 University St., Montreal 2; (*Fr*), Mlle A. M. Robert, 3677 Ste. Famille St., Montreal 18. *Chairmen, Board of Examiners:* (*Eng*), Mrs. S. Townsend, Montreal General Hospital; (*Fr*), Mlle J. Trudel, Hôpital Ste-Justine, Montréal 10; Secretary-Registrar & School Visitor, Miss E. Frances Upton. Visitor to French Schools, Mlle Suzanne Giroux. **Association Headquarters**, 504 Medical Arts Bldg., Montreal 25.

#### District 1

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## SASKATCHEWAN

### Saskatchewan Registered Nurses' Association (Incorporated 1917)

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### A.A., Winnipeg General Hospital

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## ONTARIO

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### A.A., Brantford General Hospital

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### A.A., Brockville General Hospital

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### A.A., Public General Hospital, Chatham

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### A.A., St. Joseph's Hospital, Chatham

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### A.A., Cornwall General Hospital

Hon. Pres., Misses H. C. Wilson, M. Nephew, Mrs. A. Snow; Hon. Member, Mrs. M. Boldick; Pres., Mrs. E. Wagoner; Vice-Pres., Mrs. F. Gunther, Miss E. Paul; Sec., Mrs. E. Gunther, 332-5th. E.; Treas., Mrs. E. Stewart, 228-5th St. E.; *Committee Conveners: Flower*, Miss I. MacDonald; *Social & Program*, Miss E. Allen; *Membership*, Mrs. B. Quart; *Rep.* to *The Canadian Nurse*, Mrs. V. Fenton.

### A.A., Hotel Dieu Hospital, Cornwall

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### A.A., McKellar Hospital, Fort William

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### A.A., Galt Hospital

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### A.A., Guelph General Hospital

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### A.A., St. Joseph's Hospital, Guelph

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